



BURGAS FREE UNIVERSITY

the new idea in education

FACULTY OF HUMANITIES

Irina Petrova Boykinova

**PREDICTORS OF PARENTAL STRESS AFFECTING
PARENTING STYLE IN CHILDREN WITH
DISORDERS (5-10 years)**

AUTOREFERAT

of dissertation work for award

of educational and scientific degree "Doctor"

Scientific specialty: Developmental and Educational
Psychology

Scientific advisor: Assoc. Prof. Dr. Diana Tsirkova

BFU, 2022

The dissertation work was discussed at a meeting of the PS on
at the FACULTY OF HUMANITIES at the BURGAS FREE UNIVERSITY on
..... and is aimed for defense before specialized scientific jury in the scientific
specialty "Developmental and Educational Psychology".

Volume: 207 pages

Literary sources: 216 (33 of them in Cyrillic, 183 in Latin, 3 Internet addresses)

Tables: 73

Figures: 18

Applications: 5

The defense of the dissertation will take place on of..... time in
hall..... on before a scientific jury composed of:

Defense materials are available to those interested in room.

Introduction

The focus of this dissertation is the important and significant relation between two fundamental constructs – parental stress and parenting style. The birth of a child is an important event that entails great responsibilities for parents. They, along with other family members, change and adapt to the needs of the growing child. Raising a child to become independent is an important task for parents that tests their courage, patience and abilities, and it is even more difficult for parents raising a child with a disability. Parents react differently in their relationships with the children, which determines the style direction of family upbringing and is covered by the parenting style construct.

All parents experience parenting stress when the demands on the parent exceed the resources available to the parent. High parenting stress is a result from child characteristics, parent characteristics, contextual stressors, and everyday problems. High levels of parental stress can lead to poor parenting and suboptimal parent-child relationships.

Parental style and parental stress are the subject of great worldwide research interest today, which is proof of the relevance of the chosen topic. Despite the abundance of data, there are some not well studied issues, especially in Bulgaria. The main aim of the study is to research how parental sense of competence (parental efficacy) and parenting resilience, as predictors of parenting stress, also influence parenting style in parents of normal children and parents of children with developmental disorders and to compare the levels of parental stress and the type of parenting style in parents of normal children and parents of children with developmental disorders.

The choice of the topic for the current dissertation arose as a result of my long-term practice as a manager and psychologist in the Counseling and Therapeutic Initiative "Kite" - Plovdiv. At the center, I consult children and families, as most of the children have developmental disorders. The parents of these children come driven by suffering and the need to have their worries and hopes heard, to receive understanding and support. Already during the first reception, I have the opportunity to observe the behavior of the parents; to see the relationship with their children; to listen to the words and the way they tell about the child, about themselves, about their lives, about their desires. In some cases, already at the first meeting, they share that they are exhausted from the daily stress they are subjected to, that they have no energy, that they often tire of taking care of the child, in addition to all other routine duties. Such difficulties are experienced not only by parents of children with disorders, but also by parents of typically developing children. They talk about how the workload changes their behavior towards the child and they feel guilty about it. These parents' acknowledgments sparked research interest in parenting resilience and parenting stress. This is how one line of the current research was outlined - the endurance (resilience) of the parent as a prerequisite for coping/not coping with parental stress. In turn, the question arose as to whether resilience directly affects parenting behavior and parenting strategies that parents use, or indirectly, through stress, the parent changes their parenting style.

In addition to the difficulties in raising children, many parents share that they feel extremely confused and insecure in their role as parents. Children's problematic behavior and delayed or completely absent language make them look for ways to cope and raise questions about what and how they are doing as parents. Some blame themselves and others think they

are doing enough. Regardless of social status, education and the presence or absence of a child with a disorder, parents ask themselves "Am I a good parent and what should I do if I'm not?". They often come under pressure from extended family, friends, kindergarten and school teachers to check what the truth is. They get information from the Internet, read specialized literature on parenting, follow modern trends in parenting practices, observe other parents and make comparisons with themselves. In practice, we are witnessing increasing parental helplessness and lack of requirements, restrictions and prohibitions towards the child. The listed reasons make parents doubt about their own competence and skills in the parental role. This is how the second line of the current research was outlined - parental efficacy and its relationship with parental stress and parental style.

Parents of children with and without disorders participate in the study, as both groups of parents report the same difficulties in their parenting.

The logic of the present study is related to theoretical and research searches in this direction, namely to study the influence of parental efficacy and endurance (resilience) on the parenting style, through the mediating influence of parental stress.

Summary of the content of the dissertation

The dissertation is structured in three chapters. The first chapter examines the theories and stages of parental development, the importance of parenting and its impact on children's lives, as well as the specifics of families of children with developmental disabilities. The development of the child at the age of 5-10 years and the disorders encountered at this age were examined. Definitions of working constructs are presented.

The second chapter is devoted to the formulation of the empirical study. The theoretical model of the study and the selected methods for its implementation are presented. The goals, object and subject of the research are defined. Hypotheses of the study are raised. Tasks are formulated and the research design is presented.

The third chapter presents an interpretation and analysis of the obtained results. A summary, conclusions and conclusion follow.

Finally, the literature used and appendices are listed.

BRIEF CONTENTS OF THE DISSERTATION

FIRST CHAPTER

Theoretical setting

1. The role of the family and parents in the development of the child.

1.1. Theories and stages of parenting development

Theory and research on the transition to parenthood suggest the following as key to conceptualizing the stages of parenting development. First, the transition to parenthood—beginning at conception and continuing through birth and through the child's early years—represents a significant stage that must be included in any stage theory of parenting development. Second, empirical findings on couples' adjustment to parenthood in general reinforce the utility of the comprehensive conceptualization (Belsky, 1984) as well as the role of individual differences in adjustment (Heinicke, 1984). Third, comparative research on the determinants of parenting in both adaptive (normal) and maladaptive (e.g., child abuse) contexts has the potential to expand our understanding of family processes and their development more generally (Demick and Wapner, 1988a, 1988b, 1992).

More specific theory and research on the stages of parenting development have been generated within two developmental frameworks, namely one influenced by Jean Piaget, Lawrence Kohlberg, Jane Loevinger, and Robert Selman, and a second influenced by the theory and research of psychoanalytically oriented researchers such as Daniel Levinson and Roger Gould (Demick, 1999).

Cognitive theories outline a descriptive, developmental continuum of parental social-cognitive awareness that is conceptualized analogously in Jean Piaget's (2019) stages of child intellectual development. According to these theories, the parent's conceptions of the child and/or of the parenting role are seen as representing the cognitive structure of parenting. Cognitive structures refer to stable patterns of thinking that determine how the individual (parent) makes sense of her or his experience and organizes her or her responses to it. Associated with increased interaction with the environment, the structure of a person's (parent's) thinking expands (allowing him or her to consider a wider range of information and perspectives) as well as reflecting increased flexibility in thinking. Thus, the development of the cognitive structure of parenting is seen as assisting parents in interpreting their children's reactions and behaviors and in formulating policies to guide their parenting actions (Demick, 1999).

Interest in the parenting process and the development of parents as such is increasing in society. This has led modern researchers to define a new area of study - the development of the parent as such. These theoretical strands include the life span perspective (Baltes, 1998), the ecological approach (Bronfenbrenner, 1986), and, perhaps most importantly, more recent models of parent-child effects (Ambert, 1992; Collins, Maccoby, Steinberg, Hetherington and Bornstein, 2000; Demick, 1999).

Proceeding against this background, and in contrast to the previously discussed theories of parental cognitive developmental stages, Galinsky's (1981) work on the stages of parenting is based on Levinson's (1980, 1986) theory of adult development, which is considered to its biopsychosocial or holistic nature (Sheehy, 1995) (Demick, 1999).

Acknowledging the contributions of past and present psychoanalytically oriented researchers to her own thinking, Galinsky (1981) was one of the first to emphasize the development of parents themselves, how they respond to their children's development, and how they grow as parents. Parenthood is an experience that transforms everyone's identity as parents take on new roles. Children's growth and development force parents to change their roles. They must develop new skills and abilities in response to children's development. Galinsky (1981) identified six stages of parenting that focus on different tasks and goals.

1.2. Importance of parenting and its impact on children's lives

Of all the modifiable factors that influence the course of child development, the most important is the quality of parenting that children receive (Collins, Maccoby, Steinberg, Hetherington & Bornstein, 2000). Being a parent can be a wonderfully fulfilling role that brings joy, pride and happiness to a parent's life. Parenting can be challenging at times and can become quite confusing for some. In essence, parenting is easier and less stressful when families live in an environment conducive to good parenting. Characteristics of such an environment include living in a stable, supportive home with caring, capable and committed parents who have access to regular employment, secure housing, high-quality early childhood education and care, good schools, affordable health and dental care, places for safe play and recreation areas and extended family and social support. However, parenting takes place in a wide variety of socioeconomic circumstances, and children begin to live in a variety of situations that do not provide equal opportunities for developmental flourishing (Marmot & Bell, 2012).

Parents differ significantly in their knowledge of child development and effective parenting practices, their self-efficacy and emotional resilience in fulfilling the parental role. For example, Morawska, Winter, and Sanders (2009) found that parents with greater knowledge of effective parenting strategies tended to use less dysfunctional parenting and reported significantly higher education and income levels. Parents with low levels of parenting knowledge and confidence in their parenting skills may be at greater risk for dysfunctional parenting and may benefit from interventions that aim to increase both knowledge and confidence.

1.3. Specificity in families of children with developmental disorders

The appearance of a child with a developmental disorder dramatically changes the life of the family. Often due to the absence of a physical disability or other obvious symptoms, it is very difficult for parents to accept that their child has a disability.

Any violation in childhood, when it is identified and realized by the parents, represents a severe stressogenic factor for the family (Matanova, 2003). Parents go through stages of different reactions to what is happening with the appearance of the "different" child. Vanya Matanova (2003) indicates the following parental reactions:

Initial shock of the diagnosis, demonstrated through a variety of reactions and states – anxiety, depression, despair, bitterness, anger even against the specialists who find the disorder.

Denial associated with belittling, neglecting the presented information, doubting the competence of the specialist, accepting only the positive side of the presented information.

A **sense of guilt** arising from discussion of the etiology of the disorder, which is reinforced by the prevailing belief that most developmental disorders are hereditary.

Acceptance of the diagnosis happens when begins the discussion about the causes of the disorder itself, the therapeutic program and the parents' place in it.

Although developmental disorders are increasingly common, they are still quite poorly understood by most people. Along with poor understanding comes the stigma often associated with a diagnosis. It is imperative that parents are able to educate themselves about both the disorder and the best interventions available to give their child optimal opportunities to reach their potential.

Some parents may spend years trying to figure out why their child is different from their peers, seeking answers from professionals and feeling unheard, but even the diagnosis itself may not take away the feeling of anxiously waiting for answers. For other parents, the diagnosis may come quickly as a shock (Sofronoff, Whittingham & Brown, 2018).

The appearance of a child with a disorder as an event that disrupts family homeostasis causes certain reactions in each of the family members. Parents of children with disorders develop “chronic grief,” characterized by recurrent episodes of sadness, guilt, shock, and pain (Wikler, Wasow, & Hatfield, 1981). They may experience grief in relation to their child's diagnosis, the implications of that diagnosis for their particular child (as those implications become clear), and in relation to losses associated with the diagnosis itself. The grief and loss framework is depathologizing and universally applicable, and therefore the best first framework for understanding and responding to the expressed distress of parents of children with developmental disabilities (Sofronoff, Whittingham & Brown, 2018).

Psychological counseling in such cases is a necessary condition for increasing the quality of interaction between the parties involved in the nurture, upbringing and education of a child with a disability. According to Diana Tsirkova (2007, p.102) "consultative work with parents is work for the child".

2. Development of the child at the age of 5-10 years

2.1. Physical development

Table 1. Physical development of children aged 5-10 years (Craig, Bokum, 2005)

5-6 years	7-8 years	9-10 years
• Prolonged increase in height and weight	• Continued increase in height and weight	• Growth spurt in girls
• Constant increase in physical strength in boys and girls	• Constant increase in physical strength in boys and girls	• Increased physical strength of girls, accompanied by a decrease in flexibility
• Growing awareness of body position, its basic movements	• Full use of the capabilities of all parts of the body	• Awareness and development of all parts and systems of the body
• Full use of the capabilities of all parts of the body	• Improving gross motor skills	• Ability to combine motor skills into coordinated complex actions
• Improving gross motor skills	• Increasing the variability of the use of the mastered action, but without linking it to other actions	• Improve the ability to balance
•• Impossibility of connecting individual motor skills in a single action		

2.2. Brain development

From the age of 5-10 years until adolescence, connectivity between distant areas of the cerebral cortex expands and achieves rapid communication. As a result, the prefrontal cortex becomes a more efficient “executive”—controlling and managing the integrated functioning of different areas, leading to more complex, flexible, and adaptive thinking and behavior

(Blakemore & Choudhury, 2006; Lenroot & Giedd, 2006). Consequently, adolescents acquire a variety of cognitive skills, including speed of thought, attention, memory, planning, the ability to integrate information, and the regulation of cognition and emotion (Berk, 2012).

2.3. Cognitive development. Psychological theories.

A significant part of a child's cognitive development in most cultures occurs in school, beginning at age 5-7. During this period, cognitive, speech and perceptual-motor skills become more advanced and interconnected, which greatly facilitates certain types of learning and increases their effectiveness.

7-8 year olds in elementary school learn various strategies and techniques that promote better memorization, called control processes.

During the period 6-12 years, children develop metacognitive ability, which they use in planning their actions, making decisions and choosing effective memory strategies. Metacognition refers to complex intellectual processes that allow children to exercise constant control over their thinking, memory, knowledge, goals and actions; in other words, metacognition is "thinking about thinking."

According to Jean Piaget (2019), cognitive development consists of several distinct stages that children go through in a sequential way in their understanding of the world. According to his theory, children actively construct their understanding of the environment. They construct their own reality through experimentation; children are "little scientists" who diligently understand the principles of how the world works. They explore the environment and assimilate new information, taking into account their level of development and the means of understanding available to them. Faced with something familiar, the child assimilates it. When he meets something new, he makes accommodation, his thinking acquires the ability to accept and build new knowledge in the system of already accumulated experience.

Stages in development according to Jean Piaget

Sensorimotor stage: from birth to 2 years, during which the baby's exploration of the world is limited to sensory perceptions and motor activities. Behaviors are limited to simple motor responses caused by sensory stimuli.

Preoperational stage: between the ages of 2 and 6, during which the child learns to use language. During this stage, children do not yet understand concrete logic, cannot mentally manipulate information, and are unable to take other people's points of view.

Concrete operational stage: ages 7 to 11, during which children improve mental operations. Children begin to think logically about concrete events, but have difficulty understanding abstract or hypothetical concepts.

Formal operations stage: from age 12 to adulthood, when people develop the ability to think about abstract concepts. Skills such as logical thought, deductive reasoning and systematic planning also emerge at this stage.

2.4. Social and emotional development. Psychological theories

Social and emotional development involves acquiring skills to express emotions, regulate emotions, and manage social relationships within family, school, and peer settings (Craig, Bocum, 2005). Ages 5-10 occupy a key place between preschool and adolescence in terms of this development. During the preschool years rudimentary skills are acquired, while in adolescence complex skills are improved.

During the 5-10 years period, children develop an understanding of mutually consistent emotional scenarios and their roles in such scenarios. There is also increased use of social skills to deal with their own emotions and those of others (Craig, Bocum, 2005).

A psychodynamic approach focuses on emotions, movements, and developmental conflicts or crises (Craig, Bocum, 2005). Children need to learn how to deal with strong emotions, such as anxiety or anger, in socially acceptable ways. According to the *theory of Sigmund Freud* (2015), the child's development passes through several stages, focused on different pleasure zones of the body (further we will consider only the stages in which children aged 5-10 years fall). As the main driving forces of the individual's development, Freud (2015) points to instincts (libido). He claims that all human actions are guided by the desire for pleasure or satisfaction of organic needs (instinct for life) and the desire for destruction, aggression, which is first aimed at the surrounding world, but due to the presence of social prohibitions turns against the individual himself (death instinct). His theory suggests that energy of the libido is focused on different erogenous zones at each stage, during which the child encounters conflicts that play a significant role in the course of development. Failure to progress through a certain stage can result in fixation at that developmental point. Successful completion of each stage leads to the development of a healthy adult. According to him, the conflicts that arise during each of these stages can have lifelong effects on personality and behavior.

Phallic stage: from 3 to 6 years. Freud suggested that during the phallic stage the primary focus of the libido is on the genitalia. At this age, children also begin to discover the differences between men and women.

Latency stage: 6 to puberty. Sexual feelings are inactive. During this stage, the Superego continues to develop while the Id's energy is suppressed. Children develop social skills, values and relationships with peers and adults outside the family.

Freud (2015) talks less about the latent stage (and the adolescence or genital stage that comes after it) than about the first 6 or 7 years of life. That's why Erik Erikson developed the ideas of S. Freud, focusing on the psychosocial factors of personality development. His *psychosocial theory* does not focus on the obvious physical changes that occur as children grow, but rather on the social-emotional factors that influence an individual's psychological growth (Erikson, 2013). At every point of development, people deal with a psychosocial crisis. According to Erikson, these crises are centered either on the development of a psychological quality or on the inability to develop one. During these times, the potential for personal growth is great, but the potential for failure too.

Initiative vs. Guilt Stage: 3 to 6 years. During the preschool and early school years, Freud's theory is much more concerned with the role of the libido, while Erikson's theory is more focused on how children interact with parents and peers.

Industry vs. Inferiority Stage: 6 to 11 years. School and social interaction play an important role during this time in a child's life. His social world expands greatly as he enters school and makes new friendships with peers. Through social interactions, children begin to develop a sense of pride in their accomplishments and abilities.

Bowlby's (2019) *attachment theory* suggests that children are born with an innate need to form attachments. Such attachments aid survival by ensuring that the child receives care and protection. Not only that, but these attachments are characterized by clear behavioral

and motivational patterns. In other words, both the children and the caregivers who take care for them are engaged in behaviors designed to provide closeness. Children seek to remain close and connected to their caregivers, who in turn provide a safe haven and a secure base for exploration.

Behavioral theories of child development focus on how interaction with the environment affects behavior and are based on the theories of theorists such as John B. Watson, Ivan Pavlov, and Burrhus F. Skinner (Berk, 2012). These theories deal only with observed behavior. Development is considered a response to rewards, punishments, incentives and reinforcement.

This theory differs greatly from other theories of child development because it does not pay attention to inner thoughts or feelings. Instead, it focuses purely on how experience shapes who we are.

Social learning theory is based on the work of psychologist Albert Bandura (Bandura, 1999). Bandura believed that the process of conditioning and reinforcement cannot sufficiently explain all human learning. According to social learning theory, behavior can also be learned through observation and modeling. By observing the actions of others, including parents and peers, children develop new skills and acquire new information.

Finally, the **cognitive approach** to development gives particular importance to the child's own thoughts and concepts as organizers of his social behavior. Ideally, during this period, the child will learn what is bad and good behavior; how to deal with their feelings, desires and needs in socially acceptable ways, as well as what is expected of them by their family, community and the whole society where they live. Children begin to learn the norms, rules and customs of their culture. At the same time, they develop a Self-Concept that can be maintained throughout life.

2.5. Language development

The child's speech develops mainly thanks to daily communication with adults who seek an exchange of information, that is, they want to understand and be understood (Craig, Bokum, 2005).

5-10 years is the time when children improve their speaking skills. As their vocabulary continues to expand, they master increasingly complex grammatical structures and finer usage.

Children aged 5-6 learn to speak and understand spoken language, while older children learn to read and write. Reading requires mastering phonics and acquiring the skills to decode the alphabet, and writing requires improving the fine motor skills needed to write letters. The development of reading and writing skills in Year 7-8 appears to be a complex, multidimensional process arising from the sociocultural context. Children learn to read and write in the context of a relevant social situation. They acquire the foundations of literacy through interactions with parents, siblings, teachers and peers. The nature of these interactions can vary, as can their contribution to children's literacy development. The greatest contribution of parents in this process, for example, will be constant conversations with children that have the character of emotional communication, rather than efforts aimed exclusively at reading and writing with the child (Craig, Bocum, 2005).

3. Developmental disorders

According to the Classifier for children and students with special educational needs (SOP) to the Methodological Guidelines of the Ministry of Education and Culture for the activity of the teams for complex pedagogical assessment in the regional inspectorates of education (Ministry of Education, 2007), the main types of difficulties and their classification are presented below:

3.1. Sensory impairments. The category includes two main groups of neurosensory disorders (impaired hearing and impaired vision), caused by a lesion in the auditory or optic nerve, creating an obstacle in the perception and processing of information coming through these channels.

3.2. Physical disabilities are represented by impaired fine or gross motor ability of parts of the body associated with impaired orthopedic, neuromuscular, cardiovascular or pulmonary functions. They can be congenital or acquired as a result of injury, muscular dystrophy, multiple sclerosis, cerebral palsy, amputation, and others.

3.3. Multiple disabilities is a category that includes a wide range of combined impairments in which more than one type of impairment of a multisensory nature, motor impairments, mental retardation, language impairments and learning difficulties, of a general or specific nature, occur simultaneously.

3.4. Intellectual disabilities are states of delayed or incomplete mental development, characterized by impairments of skills that arise in the developmental process. They reflect on the general level of intelligence as well as cognitive, language, motor and social skills.

3.5. Language and speech disorders. Two diagnostic rubrics affecting language and speech skills are included here, which according to the new language classifications are defined as communicative disorders.

- *Specific language impairments (dysphasias).* Specific language impairments (SLI) are generally defined as language differences in the context of adequate nonverbal skills, normal hearing, absence of overt neurological impairment, or autism. There is variation in how exactly they are diagnosed, but regardless, there is consensus that they represent impairments in language that are out of proportion to difficulties in other non-linguistic areas.
- *Speech disorders* - include disorders of tempo-rhythmic organization of speech (stuttering), articulation, prosody (dysarthria), phonation and breathing (dysphonia). All of them cause communication difficulties. Prerequisites are for learning difficulties.

3.6. Specific learning disabilities (developmental dyslexia). Specific learning disabilities are perhaps the most studied and best understood of all childhood cognitive disorders. Dyslexia is a disorder of reading accuracy as well as a difference in reading comprehension.

3.7. Autism Spectrum Disorders. Autism spectrum disorders (ASD) is a term used to describe the range of conditions that share a common core with childhood autism, the prototypical autism spectrum disorder.

3.8. Emotional and behavioral disorders.

- *Attention deficit hyperactivity disorder.* Attention deficit hyperactivity disorder (ADHD) is the most commonly diagnosed conduct disorder in childhood.

- *Behavioral disorders.* Behavioral disorders in childhood including oppositional defiant disorder (ODD) and conduct disorder (CD), continue to represent the most commonly presenting disorders in child and adolescent mental health (National Institute for Health and Clinical Excellence, 2006; Audit Commission, 1999; Lamb, 2011).
- *Anxiety disorders.* Anxiety is an unpleasant feeling of tension or fear, accompanied by physiological changes and worries or fears. It can become inadequate if it is excessive or developmentally inappropriate; if it also causes significant functional impairment, it may be considered an anxiety disorder (Vallance and Garralda, 2011).

Children's developmental disabilities affect their ability to learn, their cognitive development, and their social inclusion and functioning. Affecting these two important areas for the development of each child - cognitive and social marks parents in a specific way. In all cases, the child's deficits cause anxiety in the parent, which will look for its transformations in parental behavior.

4. Definitions of operational constructs

4.1. Stress. Parental stress.

The term stress from stress (English) means "pressure, strain, tension" was introduced into medicine for the first time by Hans Selye in 1936. For 50 years, he developed the problems of the general adaptation syndrome and stress. In fact, the concept of stress is quite old, and H. Selie's contribution to science consists not in the discovery of a new fact or phenomenon, but in the ability to interpret the known in a new way (Markov, 2013).

Hans Selye (1982) defines stress as a non-specific response of the organism to any demand placed on it. Every demand made on the organism is in some sense idiosyncratic or specific. However, all impacts on the organism have one thing in common, and that is that they require readjustment. This requirement is precisely the non-specific one, and it consists in adapting to the emerging difficulty, whatever it may be. In other words, in addition to the specific effect, the agents acting on us also cause the non-specific need to make an adjustment and thus restore the normal state of the organism.

The theory of Richard Lazarus (Lazarus, 1999) has made a particular contribution to developing the problem of stress. According to him, mixing the physiological and psychological levels leads to a misunderstanding of stress, since the same physiological reaction can occur both in connection with a physical impact on the body and as a result of psychological factors (Markov, 2013).

According to modern views, *stress can be defined as a phenomenon of awareness arising when comparing the demands placed on the person with his capabilities to cope with these demands* (Markov, 2013).

A central feature in any theory of parenting stress is the notion of a balancing act between parental perceptions, the demands of the parenting role, and access to the resources available to meet those demands. Indeed, this balance between demands and resources is central to most theories of human stress and coping (Hobfoll, 1998; Lazarus, 1999). Accordingly, parenting stress occurs when a parent's expectations of the resources needed to

meet the demands of parenting are not compatible with the resources available (Goldstein, 1995).

Parenting stress can also be defined as a set of processes that lead to negative psychological and physiological responses arising from attempts to adjust to the demands of parenthood (Deater-Deckard, 2004).

4.2. Parental efficacy

Self-efficacy refers to the belief that individuals may have the ability to perform actions that will lead to expected outcomes (Bandura, 1997). Essentially, self-efficacy describes individuals' perceptions of themselves as competent in a given task or domain. In particular, these beliefs relate to what individuals can do with their skills in various tasks or domains. Self-efficacy is related to human performance, which refers to one's ability to produce intentional actions (Bandura, 1997). Self-efficacy is considered a key factor in human performance because it regulates motivation. For example, if people do not believe they can act in a way that will produce results, then they will not attempt to act at all (Bandura, 1997).

Parenting efficacy is a domain-specific case of the general construct self-efficacy. It has been defined as parents' belief in their ability to effectively manage the multiple and changing tasks and situations of parenting (Coleman & Karraker, 1998; Jones, & Prinze, 2005; Teti & Gelfand, 1991; Troutman, Moran, Arndt, Johnson, & Chmielewski, 2012).

4.3. Resilience

The concept of resilience was first described in the developmental psychopathology literature, focusing on understanding why some individuals thrive despite adverse circumstances (Bhana & Bachoo, 2011; Hawley, 2000). Resilience is not considered the absence of pathology or dysfunction, but is defined as a process involving positive adaptation to significant adversity (Bhana & Bachoo, 2011; Hawley, 2000; Rutter, 1999; Walsh, 2003).

Family resilience is modeled as an interaction between sets of risk and protective factors or as an adaptive process that reveals family strength under different circumstances (Bayat, 2007; Walsh, 2003). Walsh (2003) articulates a family resilience framework that shows that a family is resilient when it demonstrates strengths in the face of adversity.

In Walsh's (2003) family resilience framework, several key factors contribute to this resilience. These factors include (a) perceived family needs and stress, (b) family communication and problem solving, (c) use of social and economic resources, (d) maintaining a positive outlook, (e) connectedness with family, (f) family spirituality, and (g) the ability to make meaning out of trouble.

4.4. Parenting style

The standard strategies that parents use in raising their children form a psychological construct called parenting style. There are many different opinions and theories about the best ways to raise children, but one thing is certain - parenting styles have a huge impact on children and are accepted on a subconscious level. Children's self-perception is shaped by their parents' attitude towards them.

The parenting style can be understood as a set of attitudes towards the child, of which he is informed and together form an emotional environment in which the behavior of the parents is exposed. It includes how parents develop their own duties as parents (parenting practices) as well as other types of behavior such as gestures, changes in voice tone, spontaneous expressions of affect, etc. (Darling & Steinberg, 1993).

Diana Baumrind's model (Baumrind, 1971) synthesizes these elements and effectively describes the parameters of possible interactions between parent and child. Based on these characteristics, three parenting styles are distinguished: Authoritarian, Authoritative and Permissive. The following main dimensions of parental behavior have been the focus of research interest: acceptance - rejection; emotional closeness - emotional disinterest; dominance - submission; liberality - autocracy; responsibility - irresponsibility; control - lack of control; limiting – enabling (Symonds, 1939; Baldwin, 1948; Schaefer, 1959; Becker, 1964). Since the creation of the theory of parenting styles, two main dimensions have been derived: parental demandingness and parental responsiveness (Maccoby & Martin, 1983). Parental demandingness includes the parent's need to control and model the child's behavior, the degree of interference in his actions and the setting of demands. Parental responsiveness encompasses the degree to which the child is cared for, the warmth he receives, the ability of parents to be empathetic, accepting and appreciative of the child's individual needs, desires and understandings and feelings. Thus, four different parenting styles are distinguished. The authoritarian style is described as high demandingness and low responsiveness. The authoritative style is characterized by high demandingness and high responsiveness. The permissive is divided into two types - permissive and neglectful. The yielding style is characterized by low demands and high responsiveness, and the neglectful style – by low demands and low responsiveness (Totkova, Z. 2012).

4.5. Parental attitude towards the child with a developmental disorder

The parents' experiences at a certain moment, or at the stage of acceptance of the child with a disorder, which they have reached, as well as a number of other factors, can influence or form a certain attitude towards the child. These relations can slow down or speed up the process of socialization and according to A. Karakoleva (1997) they are generally reduced to 5 types:

Superprotective attitude - filled mostly with a feeling of regret on the part of the parent, who, in his effort to make the life of the child easier, burdens himself with the functions that make it difficult for him (the child).

The *pretentious attitude* of the parent towards the child with a disability, on the contrary, creates strained relationships. Parents let their ambitions and high expectations guide them in the upbringing and education of their children. And children, for their part, often do not have the necessary capacity to meet such high expectations.

The *indifferent attitude* is expressed in the lack of interest of the parent in relation to his lagging child.

The *rejecting attitude* is expressed in the reluctance of parents to have a backward child. Parents often feel shame and guilt that their child is "like that".

Ambivalence is distinctive in that it covers a range of mental states. The attitude is mixed, different, composed of alternating feelings - positive or negative within wide limits.

3. The object of the study was formulated in accordance with the presented theoretical framework and the planned empirical research. The object of research is the relationship between parental stress and parenting style. The question of the factors (demographic characteristics, parent endurance (resilience) and parental efficacy) influencing parental stress, as a result of which parents apply a corresponding parenting style, was the basis of the research interest defining the object of study.

4. The subject of the study defines the narrower field of scientific interest, which in the present study is related to parent-child relationships and their interpretation in the context of parental behavior.

5. Research hypotheses

Hypothesis 1. We assume that demographic characteristics - gender, age, marital status, education, place of residence, number of children in the family, presence or absence of a child with a developmental disorder, gender of the child will have a differentiating role for endurance (resilience), parental efficacy, the level of parental stress and applied parenting style.

Hypothesis 2. We expect that parents of children with developmental disabilities will demonstrate higher parenting stress.

Hypothesis 3. We hypothesize that parents of children with normal development and parents of children with developmental disorders will demonstrate different parenting styles.

Hypothesis 4. We hypothesize that parenting efficacy directly or indirectly through parenting stress will influence parenting style.

Hypothesis 5. We hypothesize that parenting resilience, directly or indirectly through parenting stress, will influence parenting style.

6. Tasks of the research

1. To determine and compile an appropriate set of tools for measuring the interrelationships between the variables included in the study in its theoretical model.
2. To test and adapt two instruments: Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989) - for researching parental efficacy; Parental Stress Scale (Berry, J. O., & Jones, W. H. (1995) – for examining parenting stress (Stage 1).
3. To check the factor structure of the questionnaires, which are applied for the first time in the Bulgarian sociocultural context - Parental Stress Scale (PSS) and Parental Sense of Competence Scale (PSOC).
4. To carry out statistical processing and generalization of the obtained empirical results depending on the hypotheses raised in the study, through the mainly summarized steps presented (3rd stage):
 - Revealing the interrelationships between demographic characteristics and parental efficacy, resilience, parental stress, parenting style.
 - Looking for the presence or absence of influence of parental efficacy and resilience on parenting style.
 - Revealing the mediating importance of parental stress for the applied parenting style.
5. To interpret the obtained results and analyze them from the point of view of the introduced theoretical model of interrelationships in the study (4th stage).

7. Research methods

7.1. Demographic characteristics - gender of the parent, age of the parent, education of the parent, place of residence, marital status, number of children in the family, gender of the child, age of the child, type of the child's disorder - for parents of children with developmental disorders. The data is filled in a questionnaire.

7.2. Parental efficacy - Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989). The Parenting Sense of Competence Scale is a self-report scale with 17 statements forming 2 subscales: Satisfaction and Efficacy. Each statement is rated on a 6-point Likert scale from 1 = Strongly Disagree to 6 = Strongly Agree. Nine items (2, 3, 4, 5, 8, 9, 12, 14, and 16) of the PSOC are reverse coded, which is important for accurate scoring. Reverse coded means that a high score on individual items is not indicative of a sense of competence because the statement is worded negatively. Scores range from 17 to 102 and higher scores indicate higher self-esteem (competence) of the parent.

Because of the similar nature of the concepts of perceived competence and self-efficacy, the PSOC has been widely used in studies to assess parental self-esteem, efficacy, or competence in diverse samples of parents (Cooklin et al. 2012; Dunn et al. 2012; Jones and Prinz 2005).

7.3. Resilience - Connor-Davidson Resilience Scale (2003). (Connor-Davidson Resilience Scale) (Connor & Davidson, 2003; Zankova, 2012b). The CD-RISC is a short self-report questionnaire used to measure resilience as a developmental personal resource, or in other words, the ability to cope with stress and adversity. Hardiness is a crucial component in determining how individuals respond to and cope with stress. Characteristics of resilience are internal locus of control, sense of meaning, self-efficacy, good self-esteem, ability to adapt to change, action-oriented approach, etc. The scale contains 25 statements, each of which is rated on a 5-point scale from "1" = "Very often" to "5" = "Very rarely". The examined person answers according to his degree of agreement with the relevant statement. The total score ranges from 25 to 125 points, with higher scores reflecting a higher level of endurance.

7.4. Parental Stress - Parental Stress Scale (Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale is a self-report scale that contains 18 statements representing enjoyment or positive themes of parenting (emotional benefits, self-enrichment, personal development) and negative components (resource demands, opportunity costs, and constraints). Interest in PSS (Berry&Jones, 1995) is based on two important reasons: a) short and easy-to-understand self-report, and b) it differentiates between parents of normal children and parents of children with disorders in development. The Parenting Stress Scale (PSS) measures "individual differences in the level of stress associated with raising children" (Berry&Jones, 1995). It focuses on the individual's perception of stress rather than the actual sources of stress. PSS deals with the dichotomy of parenting; that it is both stressful and satisfying, incorporating both negative and positive aspects, and then inverting the positive to make the total scale a measure of stress. Respondents are asked to agree or disagree with the statements in terms of their typical relationship with their child or children and to rate each item on a 5-point scale: strongly disagree (1), disagree (2), neither disagree nor agree (3), agree (4) and strongly agree (5). The 8 positive statements are reverse-scored, so possible scale scores can range between 18-90. Higher scores on the scale indicate greater stress. The scale is designed to be used to assess parenting stress in parents of children with and without clinical problems. The

Parenting Stress Scale demonstrated excellent levels of internal reliability (.83) and test-retest reliability (.81).

7.5. Parenting style - Author's questionnaire for the study of parenting style (Stoeva, T., 2010). The self-report questionnaire was designed to overcome known limitations in the PARI (Parental Attitude Research Instrument), as the most well-known and widely used instrument in research to detect parental attitudes toward children. Parental attitude should be understood as a variety of feelings towards the child, behavioral stereotypes practiced in communication with him, peculiarities of perception and understanding of the child's character, personality and his actions. It contains 44 items grouped into the following 11 scales: Acceptance, Symbiosis, Authoritarianism, Cooperation, Punishment, Emotional distancing (implicit rejection), Rigidity, Emotionality, Frustration, Empathy, Overprotection.

Subjects are asked to indicate their degree of agreement or disagreement with the statements by rating each item on a four-point scale: 1 - Strongly disagree, 2 - Somewhat disagree, 3 - Somewhat agree, 4 - I completely agree. The minimum for each scale is 4 and the maximum is 16.

8. Statistical data processing

The IBM SPSS Statistics 25 package and Microsoft Office were used for the statistical processing of the data.

9. Study design

Stages of conducting the research.

The first stage consisted in the selection and translation of the instruments used in the present study: the Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989) and the Parental Stress Scale (Berry, J. O., & Jones, W. H. (1995). Both questionnaires are freely available on the Internet, but permission for translation and use was sought and obtained from their authors. For more precise linguistic and cultural adaptation, the scales were translated into Bulgarian by two psychologists with an excellent command of English language. The translations did not differ significantly. A final translation version was produced for each questionnaire, which was tested by 5 married couples to check the understanding of the statements. The final version was back-translated by an independent English teacher for comparison with the original.

The second stage consisted in organizing and conducting research with the two instruments.

Questionnaires were processed in a Google Form, convenient and easy to fill out from a computer or mobile device, and were sent through mobile applications and social networks. The filling time is about 10-15 minutes. The answers were collected from 19.07.2019 until 20.09.2109.

Parental Stress - Parental Stress Scale (Berry, J. O., & Jones, W. H. 1995).

105 individuals participated in the study, of which 5 were dropped when processing the results, as their answers were incomplete. The object of this research were 100 persons - parents from Plovdiv, Sofia, Burgas, Stara Zagora and other smaller towns. 26 of them are parents of children with various developmental disorders. The anonymity of all persons is preserved.

In this study, we examined the validity of the 18-item Parenting Stress Scale. The results of the analyzes indicated that the PSS exhibited adequate factorial validity and

excellent internal reliability. Despite the small sample size, the data from the analysis confirm that the Bulgarian version of the questionnaire is easy to understand and quick to administer, supporting its applicability in daily clinical and research practice.

In order to reveal the factor structure of the scale and establish the validity of the construct of the Bulgarian sample, an exploratory factor analysis using the method of principal components and Varimax-rotation was applied. In the Bulgarian version, 5 factors are extracted (with an eigenvalue greater than 1), after the rotation of the factors using the Varimax method with Kaiser normalization, the two-factor solution is supported.

When the factor structures of the Bulgarian version and the original version were compared, some differences were highlighted. Specifically, the authors included four factors (parental rewards, parental stressors, lack of control, and parental satisfaction) that in the original version were not based on a clear theoretical distinction. Two subscales - parenting satisfaction and parenting stressors - emerged, and therefore the two-dimensional structure seems very appropriate in the design of an instrument for the assessment of parenting stress. Leung and Tsang (2010), suggested that the PSS is composed of two distinct dimensions, but not with exactly the same items in them: parenting stressors or stress as one subscale and parenting satisfaction or lack of satisfaction as another subscale. After the analysis of the results of the second stage of the research - adaptation of the scale for Bulgarian conditions, we found that it is more correct to replace the name of the Parental Satisfaction subscale with Parental Dissatisfaction.

The overall reliability of the Bulgarian version of the questionnaire is excellent - Cronbach's α coefficient is (.816). Cronbach's alpha for the Parental Dissatisfaction subscale was (.766) and for the Parental Stressors subscale was (.823). Berry & Jones (1995) described the English PSS as showing excellent reliability (Cronbach's $\alpha = .83$).

Parental efficacy - Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989)

The object of this study were 118 persons - parents from Plovdiv, Sofia, Burgas, Stara Zagora and other smaller settlements. 22 of them are parents of children with various developmental disorders. The anonymity of all persons is preserved.

In order to reveal the factor structure of the scale and establish the validity of the construct of the Bulgarian sample, an exploratory factor analysis using the method of principal components and Varimax-rotation was applied. In the Bulgarian version, 5 factors are extracted (with an eigenvalue greater than 1), after the rotation of the factors by the Varimax method with Kaiser normalization, the two-factor solution is supported, which corresponds to the original model. Two factors were extracted – Efficacy (0.724) and Satisfaction (0.704). The overall reliability of the Bulgarian version of the questionnaire is very good - Cronbach's α coefficient is (.728). Cronbach's alpha for the Satisfaction scale was (.704) and for the Efficacy scale was (.724). Gibaud-Wallston and Wandersman (1978) reported internal consistencies for the Value/Convenience scale (.82) and (.70) for the Skills/Knowledge scale. Johnston and Mash (1989) reported internal consistencies of (.75) for the Satisfaction scale and (.76) for the Efficacy scale. The data on the psychometric indicators of the individual scales, as well as on the general level of competence of the parent, are very high, which makes it possible for this instrument to be successfully applied in the Bulgarian socio-cultural environment.

The third stage consists in conducting the actual research. The collected data were subjected to statistical processing, which included descriptive statistics, t-test for independent samples, analysis of variance (ANOVA), mediation analysis of relationships between variables.

Questionnaires were processed and available in paper form and electronically in a Google Form. The research was conducted in the period January - August 2020. 255 parents participated in the study, of which 111 are parents of children with developmental disorders. The anonymity of all researched persons is preserved. In *Table 2*, the studied persons are presented by demographic characteristics.

<i>Table 2. Distribution of the surveyed persons by demographic characteristics</i>		N	%
What is your gender?	Male	53	20,8%
	Female	202	79,2%
	Total	255	
Please indicate your place of residence.	Plovdiv	127	49,8%
	Sofia	17	6,7%
	Burgas	38	14,9%
	Stara Zagora	26	10,2%
	Other	47	18,4%
	Total;	255	
What is your age?	25-30	15	5,9%
	31-35	73	28,6%
	36-40	92	36,1%
	Over 40	75	29,4%
	Total	255	
What is your education?	Primary	9	3,5%
	Secondary	53	20,8%
	College (semi-higher)	9	3,5%
	Higher	184	72,2%
	Total	255	
What is your marital status?	Single	37	14,5%
	Married	194	76,1%
	Separated	8	3,1%
	Divorced	15	5,9%
	Widow/Widower	1	0,4%
	Total	255	
Are you a parent of?	1 child	106	41,6%
	2 children	117	45,9%
	3 children	23	9,0%
	more than 3 children	9	3,5%
	Total	255	
Gender of the child	Boy	146	57,3%
	Girl	109	42,7%
	Total	255	
Age of t he child	5-6	97	38,0%
	7-8	85	33,3%
	9-10	73	28,6%
	Total	255	
Does the child (to whom your answers are directed) have developmental difficulties?	No	144	56,4%
	Sensory impairments	3	1,2%
	Physical disabilities	3	1,2%
	Multiple disabilities	7	2,7%
	Intellectual disabilities	16	6,3%
	Language and speech disorders	25	9,8%
	Specific learning disabilities (developmental dyslexia)	15	5,9%
	Autism Spectrum Disorders	27	10,6%
	Emotional and behavioral disorders	15	5,9%
	Total	255	

CHAPTER THREE

Analysis of the results

1. Analysis of results for resilience, parental efficacy, parental stress and parenting style of parents of children with and without developmental disabilities.

The parents of children without developmental disabilities are 144 and represent 56.4% of the total number of the participants in the study, and the parents of children with disorders are 111 or 43.6%. Children with disabilities fall into the following categories: Sensory disabilities - 1.2%; Physical disabilities - 1.2%; Multiple disabilities - 2.7%; Intellectual disabilities - 6.3%; Language and speech disorders - 9.8%; Specific learning disabilities - 5.9%; Autism spectrum disorder - 10.6%; Emotional and behavioral disorders - 5.9%.

Parents of children without disabilities show more often optimism, good self-esteem and positive adaptation to changes, which contribute to higher resilience ($M=101.1$; $SD=11.38$), also proven by t-test ($t= 3.208$; $p<0.005$). They are more likely to assign what happens to them to both internal (dependent on them - confidence, determination, purposefulness, sense of humor, etc.) and external factors (independent of them - chance, luck, higher powers). A t-test also reported higher competence ($M=73.17$; $SD=9.49$; $t = 4.373$, $p<0.001$) of these parents and this is the reason why they rated their satisfaction and efficacy in the parental role higher. In the counseling practice, parents of children without developmental disabilities, much more easily recognize themselves in their children, have more opportunities to accept their own behavior and achievements as rewarding parental narcissism (*Figure 2.*).

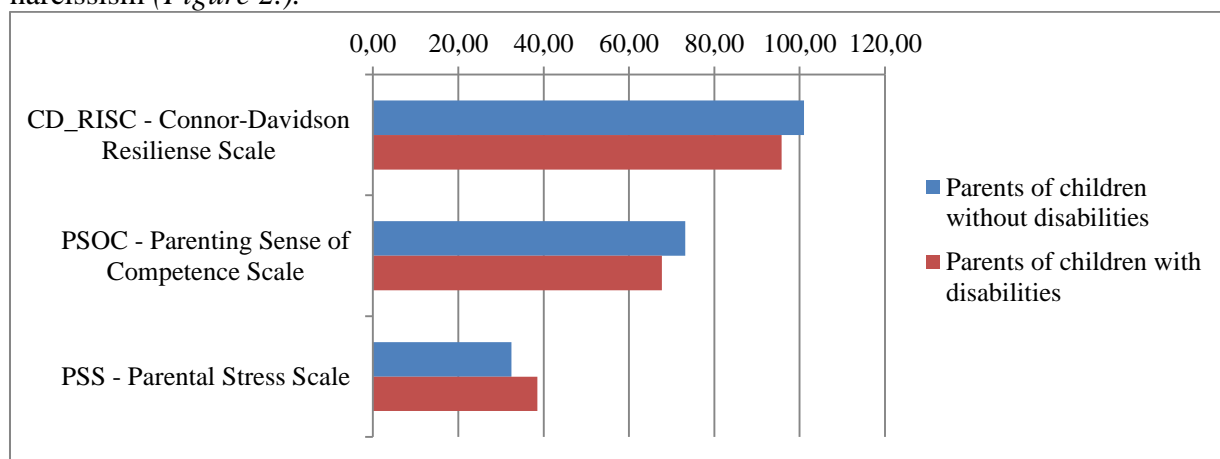


Figure 2 . Arithmetic mean values of the two groups of parents on scales

Parents of children with disabilities demonstrated lower resilience ($M=95.74$; $SD=14.15$) and lower behavioral and psychological competence to adapt to change. They rate lower their strive to achieve life goals in the presence of social support. They rate their satisfaction and efficacy in the parental role lower, which reflects on their overall sense of competence as parents ($M=67.72$; $SD=10.33$). Parents of children with disabilities have difficulty recognizing their child's progress, recognizing their own attitude and care as satisfying and repairing the wounded parental narcissism. They report more parenting stressors and higher dissatisfaction, which explains the statistically higher parenting stress ($M=38.56$; $SD=9.29$; $t = -5.541$; $p<0.001$) in this group of parents, which proves **Hypothesis 2**, namely, *that parents of children with disabilities experience higher parenting stress.*

Parents of children without disorders show more acceptance ($M=15.16$; $SD=1.29$) of their children. They use more cooperation ($M=12.84$; $SD=1.74$), have more prominent empathy ($M=13.96$; $SD=1.74$), rigidity ($M=8.97$; $SD=1.62$) and frustration ($M=12.96$; $SD=2.01$) (*Figure 3.*).

Parents of children with disabilities have a lower acceptance ($M=13.89$; $SD=1.98$) of their children. This is related to accepting the child's difficulties and disorder. Many parents deny and are unwilling to accept that their child has a problem for a long time. They demonstrate more authoritarianism ($M=11.06$; $SD=2.42$), use of punishments ($M=7.82$; $SD=2.30$) in order to deal with their children's difficult behavior. They show more emotionality ($M=8.92$; $SD=3.07$), (mostly associated with negative emotions), which is probably a premise for emotional distancing ($M=7.17$; $SD=2.08$). They demonstrate symbiosis ($M=11.59$; $SD=2.23$) and overprotection ($M=12.14$; $SD=2.28$) with their children, taking over their functions and trying to facilitate them and thus not encouraging the initiative and independence of the child (Figure 3.)

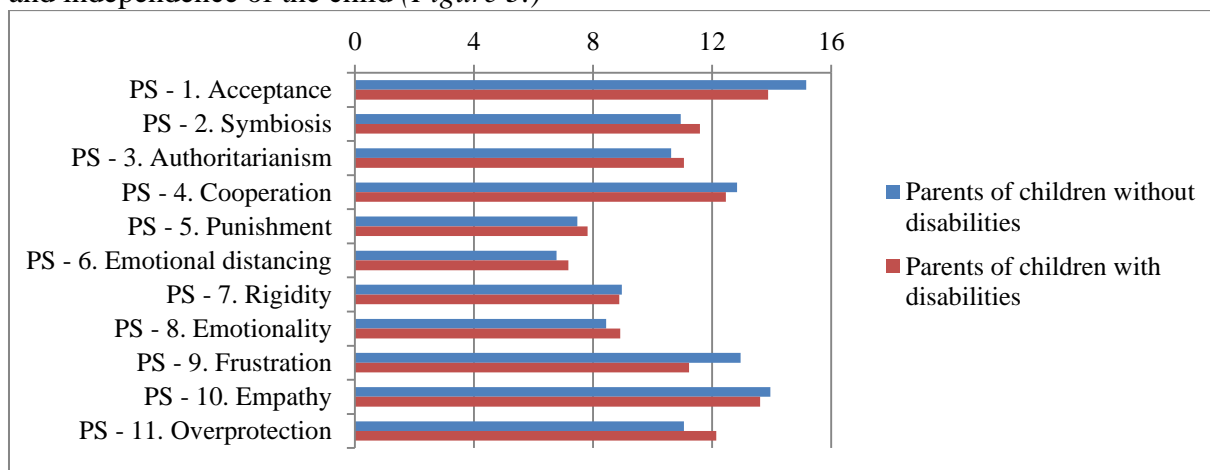


Figure 3. Arithmetic mean values of the two groups of parents according to the Parenting Style questionnaire

The authoritative parenting style is characterized by high responsiveness and demandingness. Authoritative parents provide not only support and warmth, but also clearly defined rules and consistent discipline. Parenting of these parents includes acceptance, empathy, cooperation, emotionality, and frustration.

Authoritarian parenting style is characterized by low responsiveness but high demandingness. Parents using this style tend to use hostile control or severe punishment in a random way in order to obtain compliance, but rarely provide an explanation or allow verbal giving and taking. Parenting in these parents includes authoritarianism, punishment, emotional distancing, overprotection, and rigidity.

The permissive (indulgent) parenting style is characterized by low demands but high responsiveness. Permissive parents are responsive to their children and meet the children's needs, but fail to provide appropriate discipline, to exercise behavioral control or to demand mature behavior. Their parental attitude includes acceptance, symbiosis, empathy and rigidity.

Finally, the neglectful (uninvolved) parenting style is characterized by low responsiveness and low demandingness. Neglectful parents are self-centered and rarely engage in child-rearing practices. They neither provide warmth nor set rules for their children. There is emotional distancing and frustration.

Based on the analysis of the results, we accept that **Hypothesis 3**, stating that *parents of children with normal development and parents of children with developmental disorders demonstrate different parenting styles* is proven. Although statistically significant differences were observed only on the scales: Acceptance ($t=5.85$, $p<0.001$), Frustration ($t=5.94$, $p<0.001$), Symbiosis ($t= -2.35$, $p<0, 05$) and Overprotection ($t= -3.61$, $p<0.001$), we also consider non-significant differences and considering the results of the analysis it is clear that parents do not apply only one parenting style. Parents of children with disorders mainly apply an authoritarian style, although they also exhibit relationships observed in authoritative and permissive parenting styles. Parents of children without disorders apply an authoritative and partly authoritarian and permissive parenting style.

2. Influence of residence on resilience, parenting efficacy, parenting stress, and parenting style.

The parents are grouped by place of residence into those living in a large city (Plovdiv, Sofia, Burgas) and living in a less populated place. There are 182 (71.4%) parents from a big city, and 73 (28.6%) from a small town.

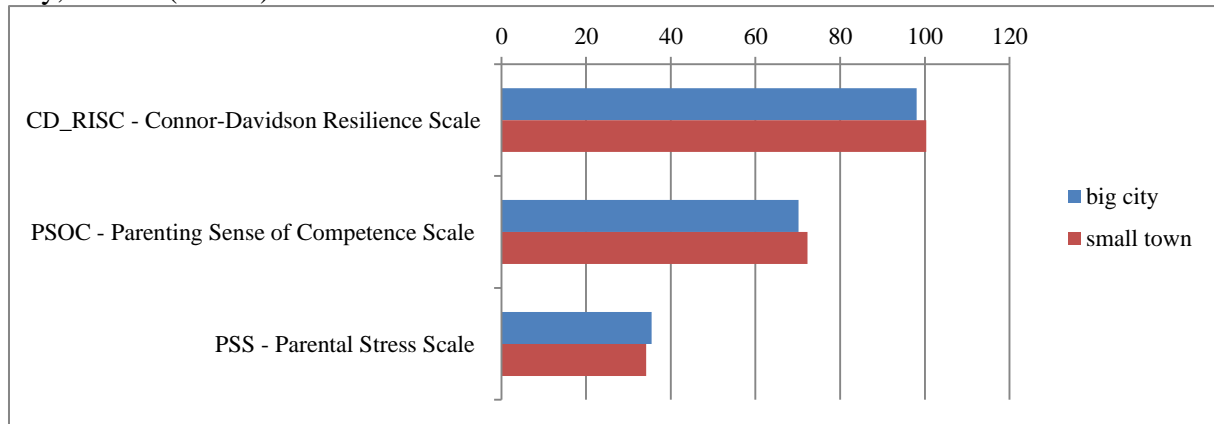


Figure 4. Arithmetic means of parents, according to place of residence, on scales of resilience, sense of competence and parenting stress

The place of residence does not have a statistically significant influence on the parent's resilience and sense of competence, but differences are observed between the average values of those living in a small or a large settlement (Figure 4.). Parents living in a less populated area report higher resilience ($M=100.33$; $SD=11.84$) as they likely face fewer difficulties and perhaps enjoy more social support in the face of the extended family, neighbors and friends. We assume that this is why they feel more satisfied ($M=72.33$; $SD=9.87$) in the parenting role, as they are more supported. Parents from big cities declared higher parenting stress ($M=35.51$; $SD=9.12$).

Parents from small settlements demonstrated more acceptance ($M=14.78$; $SD=1.82$), authoritarianism ($M=10.90$; $SD=2.55$), emotional distancing ($M=7.08$; $SD=1.91$), rigidity ($M=9.01$; $SD=1.72$), emotionality ($M=8.84$; $SD=3.02$), frustration ($M=12.81$; $SD=2.24$) and empathy ($M=13.95$; $SD=1.94$) to the child. The difference was statistically significant only in regard to rigidity $F(4,250) = 4.13$; $p<0.05$ and frustration $F(4,250) = 7.17$; $p<0.01$. Opposite parental relations are being observed - acceptance and frustration - authoritarianism and rigidity, emotional distancing - emotionality and empathy. The lack of a clear line in the parental behavior/attitude can be explained by the more limited access of parents from small settlements to social support systems - social services and qualified specialists. They rely primarily on support from the extended family and community. Parents from big cities show more symbiosis ($M=11.36$; $SD=2.19$) and overprotection ($M=11.64$; $SD=2.45$), cooperation ($M=12.77$; $SD=1.79$) and application of punishments ($M=7.64$; $SD=2.01$), with no statistically significant difference found.

3. Influence of parent's gender on resilience, parenting efficacy, parenting stress and parenting style.

In the study have participated 53 men (20.8%) and 202 women (79.2%).

Statistical analysis showed that parent's gender did not affect resilience, parenting efficacy, and parenting stress. However, the differences in arithmetic mean values show (Figure 5.) that men exhibit higher resilience ($M=100.00$; $SD=11.82$) and higher behavioral and psychological competence to adapt to change ($M=61.45$; $SD=7.68$) compared to women ($M=58.25$; $SD=8.92$). However, when optimizing social support, the competence to realize life goals is almost the same for men ($M=28.87$; $SD=4.16$) and women ($M=28.94$; $SD=3.97$).

Spiritual influences were more presented in women (M=11.20; SD=2.68) than in men (M=9.68; SD=3.31).

There is no gender difference in the sense of competence of mothers (M=70.78; SD=10.14) and fathers (M=70.87; SD=10.57) in fulfilling their parental role and this is explained by the active involvement of fathers in raising the children unlike in past decades. Both genders equally experience satisfaction (men (M=39.13; SD=6.83), women (M=39.10; SD=7.07) in their role as parents. Men declare slightly higher efficacy (M=31.74; SD=6.07) than women (M=31.67; SD=6.10). Mothers are a little bit more involved in everyday life with children, especially children with disorders, therefore they meet more difficulties and probably they are not always coping as well as they would like. This affects their sense of efficacy.

Mothers demonstrate higher parenting stress (M=35.42; SD=8.83) as they spend more time with their children, with concerns about the child's health and behavior problems, and lower stress in fathers (M=34.04; SD=9.51) was associated with less involvement in child care and more concern for family well-being. Parenting dissatisfaction was higher for fathers (M=12.25; SD=5.41) probably because the emotional benefits of parenting were less for them than for mothers (M=11.63; SD=3.36). It is possible that fathers are not as indulgent and understanding as mothers towards children's problems. Expectations to mothers regarding the care of the child are more than these for fathers, therefore women evaluate more stressors (M=23.79; SD=7.03), influencing also the general indicator of parental stress (demands for resources, costs, limitations).

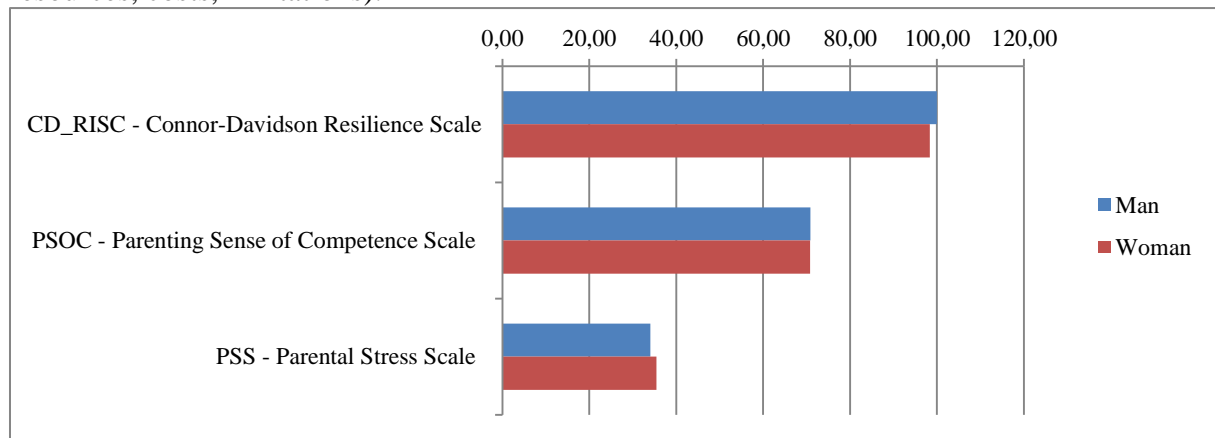


Figure 5. Arithmetic means of resilience, parenting efficacy, and parenting stress by parent's gender

Men (M=14.58; SD=1.68) and women (M=14.61; SD=1.78) accept their children almost equally and show the same degree of empathy (M=13.81) towards them. The parental attitude that men show more prominently than women is symbiosis (M=11.72; SD=2.15), authoritarianism (M=11.38; SD=2.46), application of punishments (M=7, 83; SD=2.21), emotional distancing (M=7.26; SD=1.92) and overprotection (M=11.98; SD=2.21). In other words, men apply an authoritarian and permissive parenting style. For women, cooperation (M=12.71; SD=1.81), rigidity (M=8.98; SD=1.61), emotionality (M=8.84; SD=2.84) and frustration were observed (M=12.48; SD=2.36) or a clearly defined authoritative style (Figure 6.). There is a statistically significant difference only in emotionality ($t = -2.05$, a $p < 0.05$) and frustration ($t = -3.68$, a $p < 0.001$).

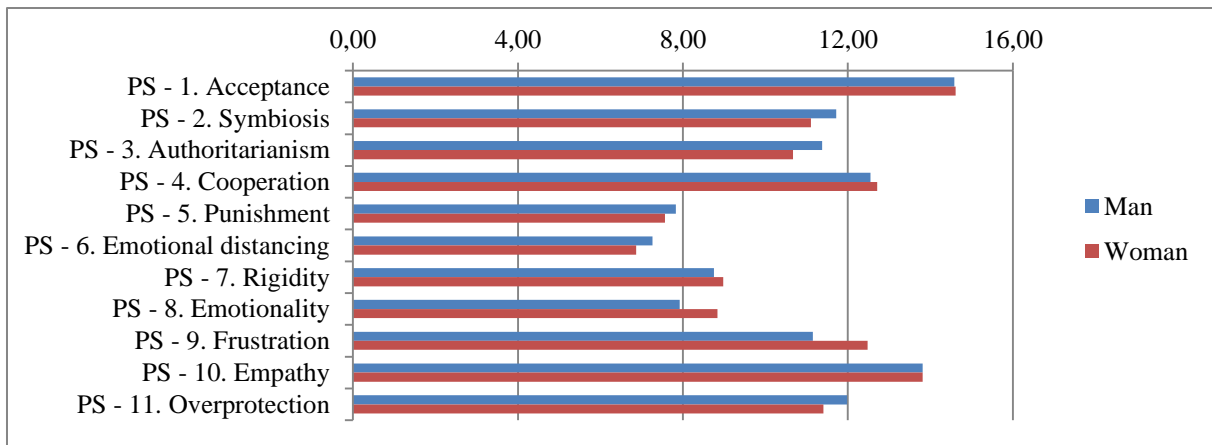


Figure 6. Arithmetic mean values of mothers and fathers on the Parenting Style questionnaire

4. Influence of the age of the parent on resilience, parenting efficacy, parenting stress and parenting style.

The parents participating in the study were divided into three groups: 25-35 years (N=88, 34.5%), 36-40 years (N=92, 36.1%) and over 40 years (N=75, 29.4%).

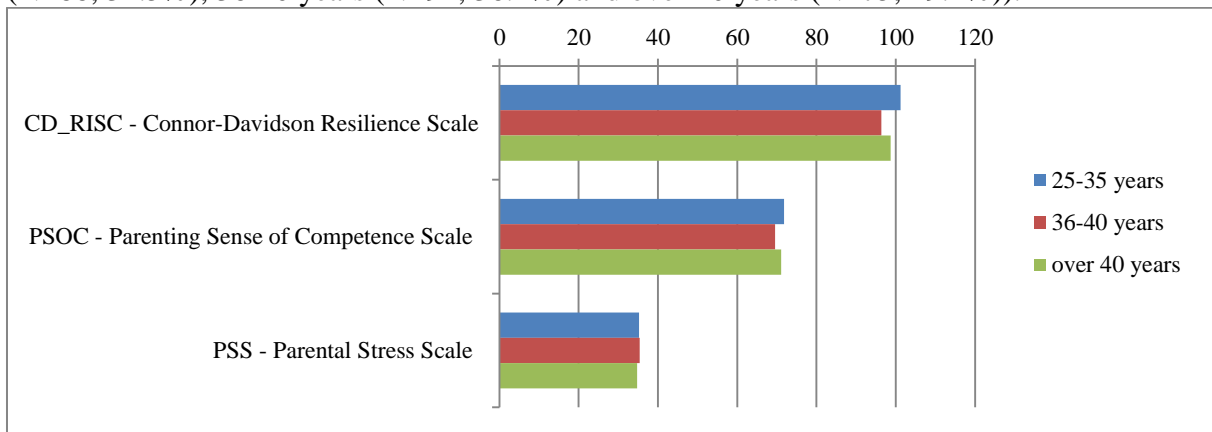


Figure 7. Arithmetic means of hardiness (resilience), parenting efficacy, parenting stress by parent's age

There was a statistically significant difference according to the age of the parent only for resilience. Parents' means are illustrated in Figure 7. There was no statistical difference in parental competence and stress by age. Parents aged 25-35 years had a higher level of resilience ($M=101.2$; $SD=12.21$; $F(2,252) = 3.26$, a $p < 0.05$) than parents of the other two age groups. They also scored highest for parenting competence (efficacy) ($M=71.85$; $SD=9.73$; $F(2,252) = 1.17$, a $p > 0.05$). As we pointed out in the analysis, this is the age range that is physiologically and biologically most beneficial for creating a generation. Parents aged 36-40 rated the lowest their resilience ($M=96.34$; $SD=12.12$) and parental competence (efficacy) ($M=69.57$; $SD=9.69$), and the level of stress it is highest among them ($M=35.38$; $SD=9.17$; $F(2,252) = 0.12$, a $p > 0.05$). One of the reasons for this result may be that efforts are directed more towards personal and career development and for some parents the social role replaces the parental one. Another reason may be that at this age some of them are already parents of two or more children.

Parents aged 25-35 show the highest acceptance ($M=14.78$; $SD=1.69$), symbiosis ($M=11.48$; $SD=2.15$), application of punishments ($M=7.84$; $SD=1.97$) and empathy ($M=14.16$; $SD=1.57$). They also declared manifestations of authoritarianism ($M=10.93$, $SD=2.30$) and cooperation ($M=12.80$; $SD=1.75$), frustration ($M=11.99$; $SD=2.53$) and overprotection ($M=11.70$; $SD=2.53$) and lowest emotional distancing ($M=6.43$; $SD=1.61$) to their children (Figure 8.). The difference was statistically significant only for emotional distancing $F(2,252) = 5.76$; $p < 0.05$. It is difficult to determine the dominant parenting style in

young parents. The same are also the observations from practice - unconfident, inconsistent, and often even powerless towards their children. 36-40-year-old parents, more than the other parents, show emotional distancing (M=7.36; SD=1.98), rigidity (M=9.07; SD=1.71), emotionality (M=8, 87; SD=3.16) and frustration (M=12.53; SD=2.31). And in this age group, a duality in the behavior towards children is being observed. Parents over 40 show authoritarianism (M=10.93; SD=2.59) and cooperation (M=12.79; SD=1.89), frustration (M=12.05; SD=2.31) and overprotection (M=11.80; SD=2.34) as much as parents up to age 36. The upbringing proceeds according to the understanding of the adult for satisfaction of the needs and interests of the child, but also in protection from possible dangers and difficulties.

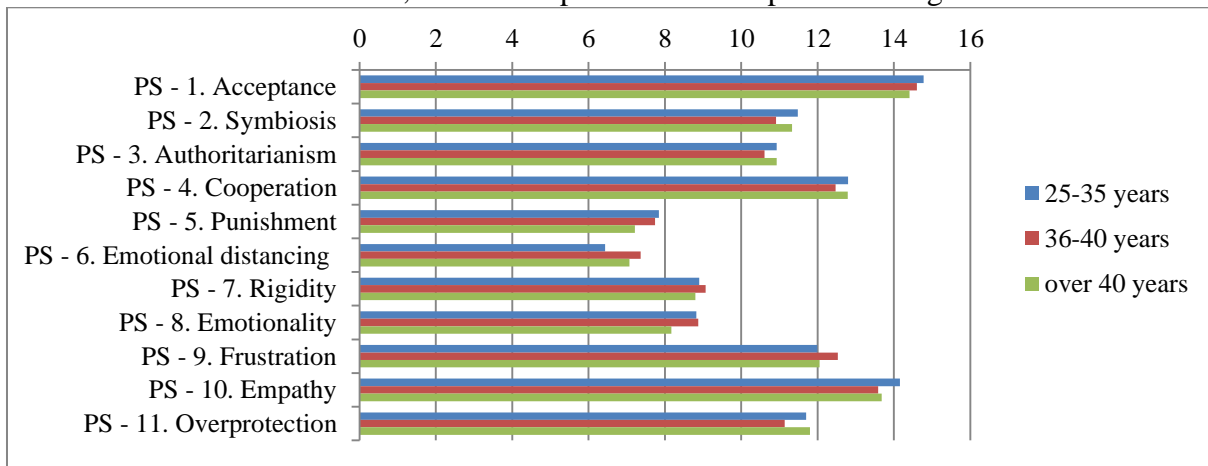


Figure 8. Arithmetic mean values by scales from the Parenting style questionnaire and the parent's age

5. Influence of parent's education on resilience, parenting efficacy, parenting stress and parenting style.

255 parents participated in the present study. 9 of them have primary education, 53 with secondary education, 9 with college (semi-higher) education and 184 parents with higher education. In order to compare the arithmetic mean values of parents by education, they were grouped into two groups - parents with higher education (N=184, 72.2%) and parents with less than higher education (N=71, 27.8%).

Figure 9. presents the mean values according to parents' education on scales.

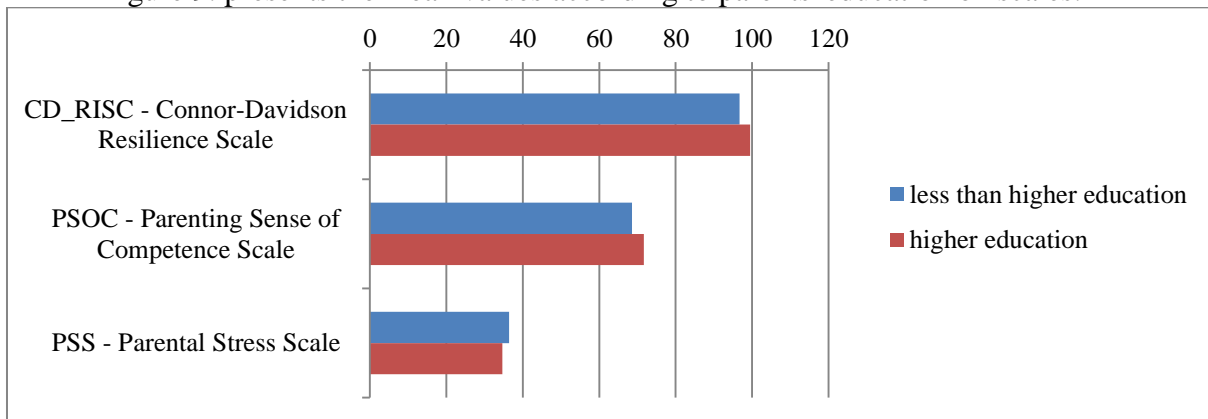


Figure 9. Arithmetic mean values by scale and parent's education

As to the parent's education, there is a statistically significant difference only on the scale measuring his/her sense of competence. Parents with higher education declared higher mean values for resilience (M=99.51; SD=11.54) and competence (M=71.65; SD=10.07; $t = -2.17$, a $p < 0.05$). The explanation for this result is that education gives more confidence, increases self-esteem, increases the repertoire of action and coping options and strategies. Parents with lower education rate their parenting stress higher (M=36.44; SD=9.26),

respectively lower resilience ($M=96.68$; $SD=15.82$) and efficacy ($M= 68.58$; $SD=10.28$) in parental care.

Parents with higher education show more acceptance ($M=14.85$; $SD=1.53$), cooperation ($M=12.72$; $SD=1.84$), rigidity ($M=8.96$; $SD=1.64$), emotionality ($M=8.91$; $SD=2.90$) and frustration ($M=12.74$; $SD=2.24$). Parents with lower education have a stronger manifestation of symbiosis ($M=11.90$; $SD=2.01$), authoritarianism ($M=10.96$; $SD=2.25$), emotional distancing ($M=7.04$; $SD =1.92$) and overprotection ($M=12.52$; $SD=2.16$). In both groups of parents equally declare empathy ($M=13.82$; $SD=1.71$) for parents with higher education and ($M=13.80$; $SD=1.94$) for parents with lower education)) and application of punishments ($M=7.63$; $SD=2.04$) for parents with higher education and ($M=7.61$; $SD=2.05$) for parents with lower education. (Figure 10.).

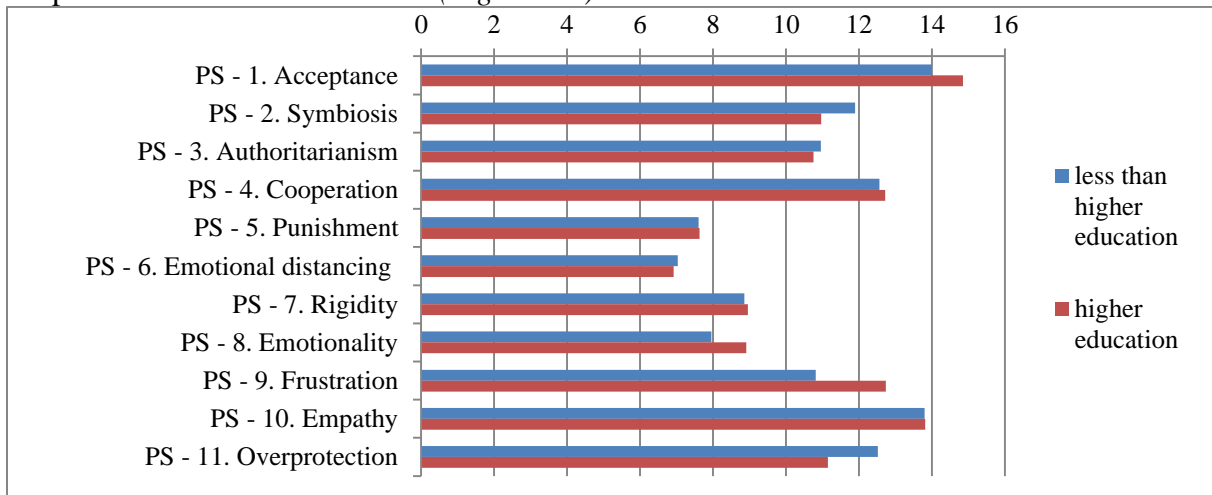


Figure 10. Arithmetic mean values according to parent's education and Parenting Style questionnaire

Here the results are statistically significant by acceptance ($t = -3.17$, $p<0.005$), symbiosis ($t = 3.09$, $a p<0.005$), emotionality ($t = -2.38$, $a p<0.05$), frustration ($t = - 6.14$, $a p<0.001$) and overprotection($t = 4.15$, $a p<0.001$). Obviously, the parent's education is a factor that determines the parenting behavior. Parents with higher education attach more importance to the emotional connection with their children, while parents with a lower education may not be interested in the innovations in education and rely on old methods; accordingly they have a more limited repertoire of strategies in the upbringing of their children.

6. Influence of parent's marital status on resilience, parenting efficacy, parenting stress, and parenting style

According to marital status, the study participants are 255: single - 37, married - 194, separated - 8, divorced -15, widowed -1. For statistical calculations, parents were grouped into two groups – married ($N=194$; 76.1%) and other ($N=61$; 23.9%).

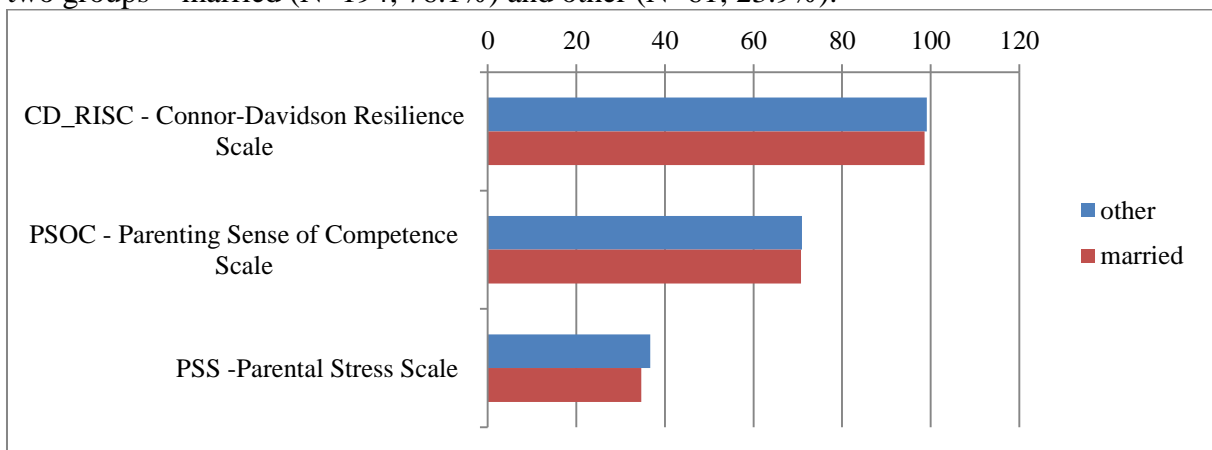


Figure 11. Arithmetic Means for Resilience, Parenting Efficacy, and Parenting Stress by Parent's Marital Status

Depending on the marital status of the parent, no statistically significant difference was reported on any scale of the questionnaire. The average values of the married have minimal differences (*Figure 11.*). Here we can conclude that parental marital status does not affect resilience, parenting efficacy and parenting stress.

Figure 12. Represents parental attitudes by marital status.

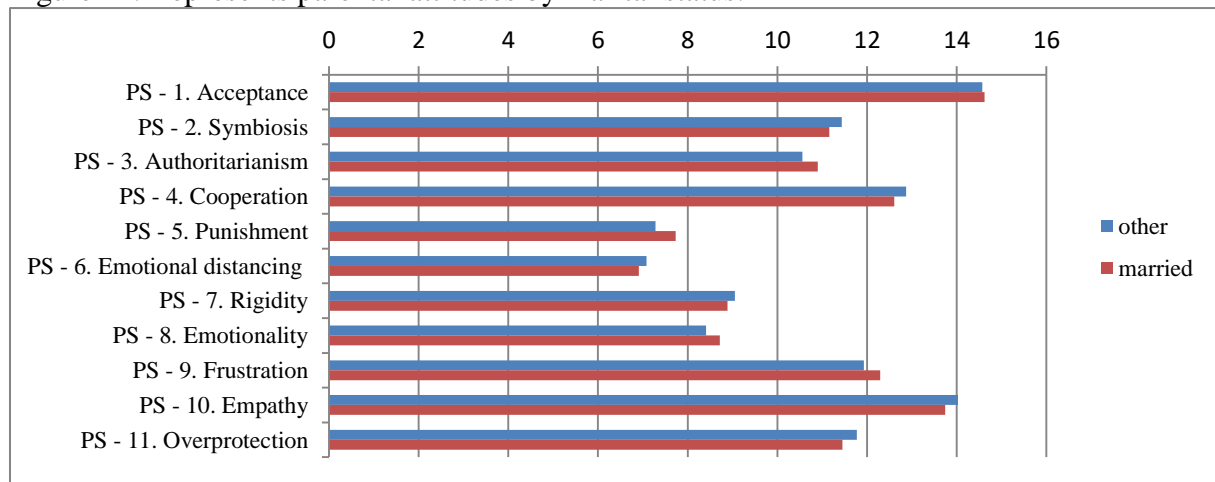


Figure 12. Arithmetic mean values of the parents according to the questionnaire Parenting style and marital status indicator

The married parents reported higher values for acceptance ($M=14.62$; $SD=1.72$), authoritarianism ($M=10.90$; $SD=2.53$), application of punishments ($M=7.73$; $SD= 2.01$), emotionality ($M=8.72$; $SD=2.87$) and frustration ($M=12.29$; $SD=2.36$), and single parents reported higher values for symbiosis ($M=11, 44$; $SD=2.02$), cooperation ($M=12.87$; $SD=1.95$), emotional distancing ($M=7.08$; $SD=1.99$), rigidity ($M=9.05$; $SD= 1.54$), empathy ($M=14.03$; $SD=1.74$) and overprotection ($M=11.77$; $SD=2.29$). The presence or absence of a partner determined the parenting style for the caregiving parent, but these differences were not statistically significant.

7. Effect of number of children on resilience, parental efficacy, parental stress and parenting style

In the present study, 106 parents were parents of one child, 117 were parents of two children, 23 were parents of three children, and 9 were parents of more than three children. For the statistical analysis, parents were grouped into three groups: parents of one child ($N=106$; 41.6%), parents of two children ($N=117$; 45.9%) and parents of three or more children ($N=32$; 12.5%).

The number of children in the family is statistically significant for parent resilience. Parents of three or more children declared the lowest resilience ($M=91.03$; $SD=18.19$; $F(2,252) = 6.79$, and $p<0.005$). This result is not surprising since most children require more resources from the parent. The mean values of parents with one ($M=99.92$; $SD=12.06$) and two children ($M=99.74$; $SD=11.21$) are almost equal (*Figure 13.*). Parental efficacy was not statistically affected by the number of children, but parents of two children had the highest mean ($M=71.97$; $SD=9.89$) and parents of three or more children had the lowest ($M=68 .34$; $SD=10.13$). The appearance of a second child gives parents the opportunity to "fix" and improve what they did not do the first time. Parents of three or more children probably feel quite confused and overwhelmed. The number of children did not make a statistical difference on parenting stress, but there were differences in the mean values. Parental stress was rated highest by parents of three or more children ($M=36.03$; $SD=9.68$), and lowest by parents of two children ($M=34.23$; $SD=8.53$). The cumulative effect of several years of parenting is probably why parents of three or more children rate themselves the highest.

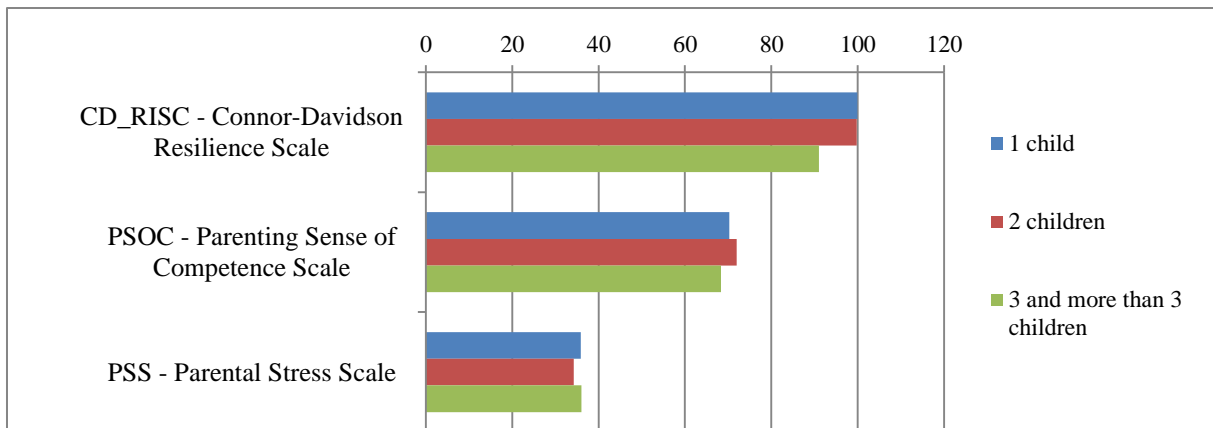


Figure 13. Arithmetic mean values by scales and number of children

Statistically significant differences according to the number of children were found for cooperation among parents of one child ($M=12.95$; $SD=1.79$; $F(2,252) = 8.04$, $p<0.001$) and application of punishment among parents of two children ($M=7.98$; $SD=2.02$; $F(2,252)=3.53$; $p<0.05$). The mean values (Figure 14.) show that parents of one child report the strongest symbiosis ($M= 11.28$; $SD=2.05$), cooperation ($M=12.95$; $SD=1.79$), emotionality ($M=8.92$; $SD=3.02$), frustration ($M=12.26$; $SD =2.33$) and empathy ($M=14.06$; $SD=1.71$). The only child in the family is the object of all attention, often all his wishes are satisfied, which could lead to the formation of an egoistic orientation, capricious behavior and consumer psyche. Parents of two children reported the highest values for acceptance ($M=14.79$; $SD=1.47$), authoritarianism ($M=11.12$; $SD=2.40$) and application of punishments ($M=7.98$; $SD=2.02$). We assume that the parents of two children try to show the same attitude towards their children, who are probably of different ages and have different demands to the parent. Parents of three or more children report the highest values for emotional distancing ($M=7.44$; $SD=2.08$), rigidity ($M=9.28$; $SD=1.44$) and overprotection ($M=12.03$; $SD=2.21$). Any parent of two children knows that their children can have different personalities, and parenting methods that work well with one child may not work well with another. However, creating completely different parenting strategies for each child can be overwhelming.

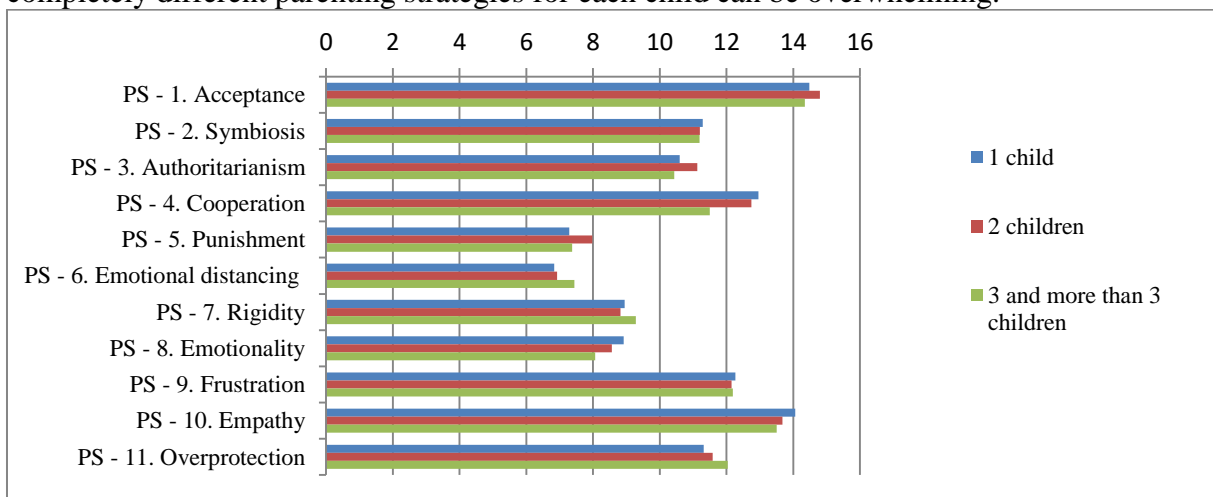


Figure 14. Arithmetic mean values according to the Parenting style and number of children questionnaire

8. Influence of the gender of the child on resilience, parental efficacy, parental stress and parenting style

In this study, 146 (57.3%) were parents of a boy and 109 (42.7%) of a girl.

The gender of the child did not make a statistical difference on the endurance and efficacy of the parent, but the parents of a girl declared higher mean values - for endurance ($M=99.18$; $SD=12.79$), for efficacy ($M=72.25$; $SD=12.79$). $SD=9.45$) (Figure 15.). We

assume that the difference in parents' ratings is due to biological and socially determined factors. Girls and boys have differences, both in behavior and maturation, and in the way they interact with others. This is the reason why parents of a girl feel more satisfied ($M=40.23$; $SD=6.76$; $t = -2.22$, a $p<0.05$) in their parental role, where there is a statistically significant difference compared to parents of boys. Child gender did not make a statistically significant difference on parents' parenting stress, but parents of boys rated parenting stress higher ($M=35.96$; $SD=9.74$). Also, parents of boys had a higher mean value for parental dissatisfaction ($M=12.22$; $SD=3.90$; $t = 2.22$, and $p<0.05$), which was statistically significant. Here too, we look for an explanation in the differences in the behavior of girls and boys. Boys are more boisterous and oppositional. In the practice, most children with disorders are male.

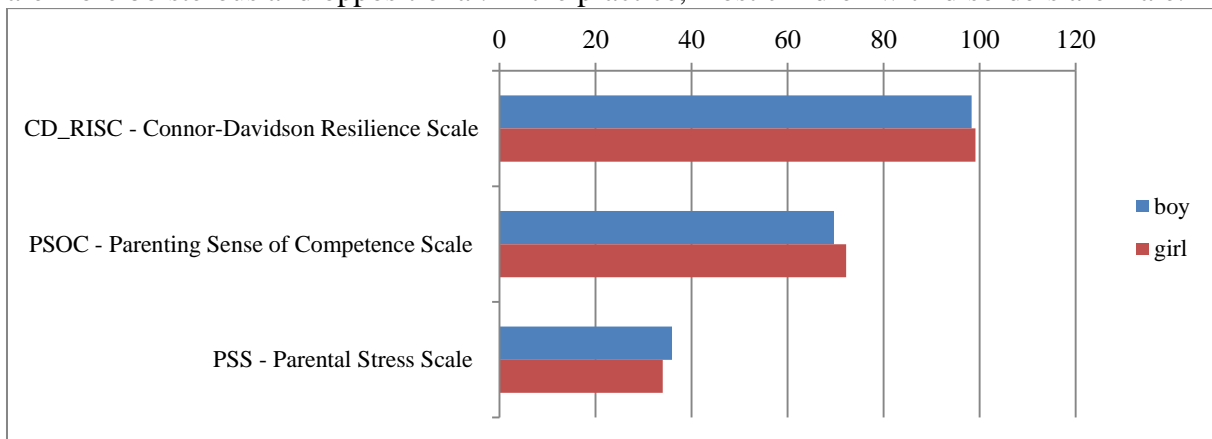


Figure 15. Arithmetic mean values for endurance, parental efficacy and parental stress scales according to the gender of the child

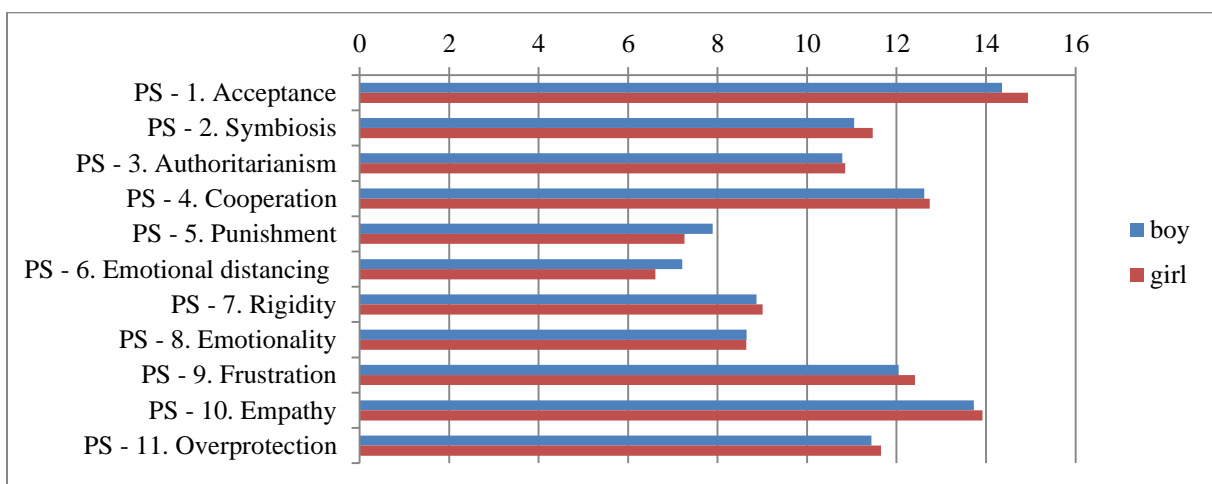


Figure 16. Arithmetic mean values according to the Parenting style and gender of the child questionnaire

Boys and girls differ from each other in almost every way - anatomically, physiologically, psychologically and in terms of the social situation and cultural context in which they live. These differences imply a difference in upbringing and the attitude of parents towards them. In the parental attitude of the parents of a girl, is reported more acceptance ($M=14.94$; $SD=1.40$), symbiosis ($M=11.47$; $SD=2.29$), authoritarianism ($M=10.85$; $SD=2.51$), cooperation ($M=12.74$; $SD=1.93$), rigidity ($M=9.01$; $SD=1.59$), frustration ($M=12.41$; $SD=2.40$), empathy ($M=13.92$; $SD=1.76$) and overprotection ($M=11.65$; $SD=2.63$). Parents of boys reported more punishment ($M=7.89$; $SD=2.11$) and emotional distancing ($M=7.21$; $SD=1.73$). (Figure 16.). Differences in acceptance ($t = -2.75$, a $p<0.05$), application of punishments ($t = 2.48$, a $p<0.05$) and emotional distancing ($t = 2.48$, a $p<0.05$) were statistically significant. 0.05).

9. Influence of the age of the child on resilience, parental efficacy, parental stress and parenting style

In the present study, 97 (38%) were parents of 5-6-year-old children, 85 were parents of 7-8-year-olds (33.4%), and 73 were parents of 9-10-year-olds (28.6%).

The age of the child did not make a statistical difference in regard to parent resilience, parenting efficacy, and parenting stress, however, there were some differences in the mean values (*Figure 17.*), which are commented in the analysis, and will be summarized here. Children's social development and schooling are the factors that influence parental resilience. The growing child and the skills the parent acquires seem to be determinative for his efficacy rating. Parenting stress seems to decrease as the child grows older, which may possibly be related to gaining experience in the parenting role. But here, too, the most stressful thing for parents is the child starting school.

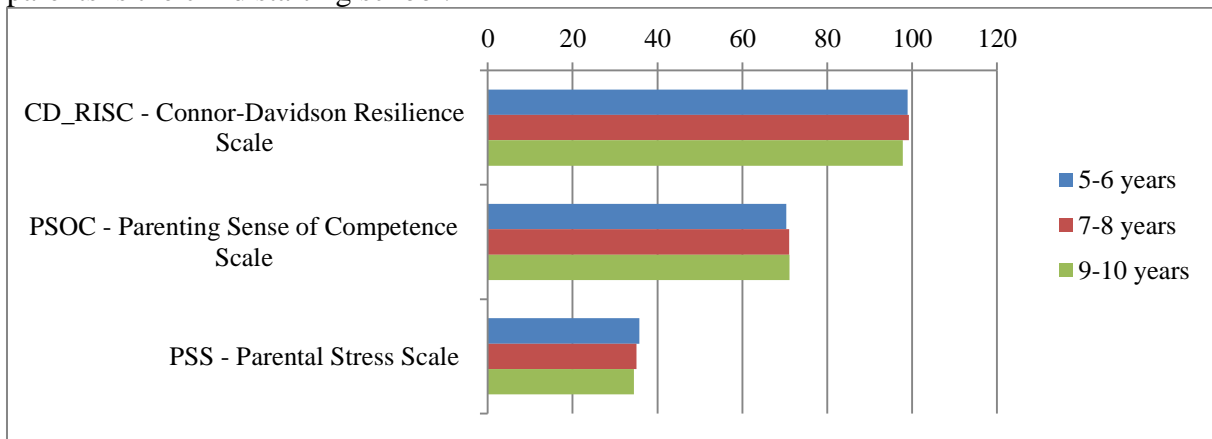


Figure 17. Arithmetic mean values by scale and age of the child

The age of the child also did not make a statistical difference on the parental attitude. However, the average values show differences in this direction (*Figure 18.*).

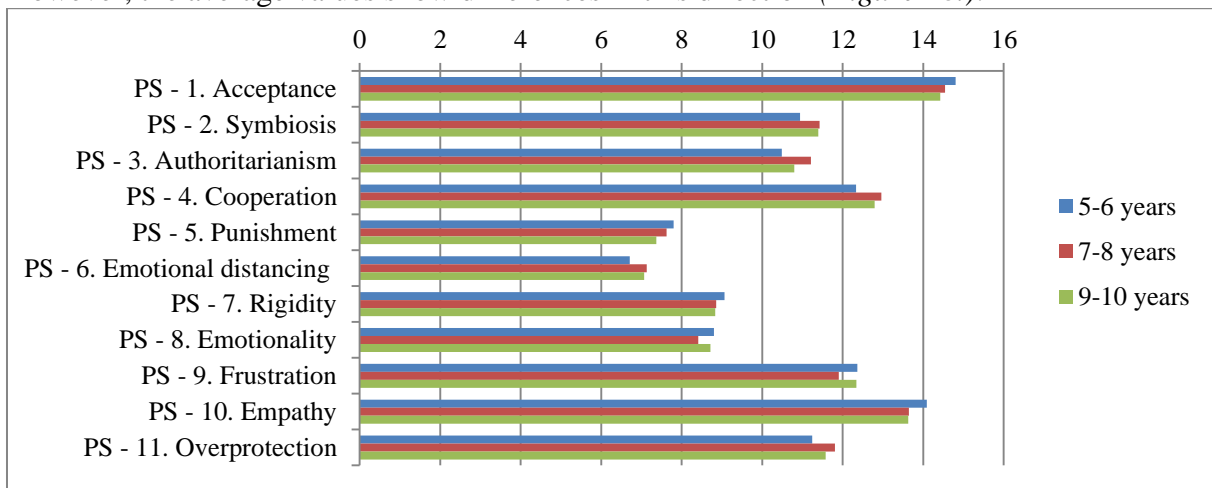


Figure 18. Arithmetic mean values according to the Parenting style and age of the child questionnaire

Parents of 5-6-year-old children show the strongest acceptance ($M=14.80$; $SD=1.65$), application of punishments ($M=7.80$; $SD=1.91$), rigidity ($M=9.06$; $SD=1.57$), emotionality ($M=8.80$; $SD=2.73$), frustration ($M=12.36$; $SD=2.45$) and empathy ($M=14.09$; $SD=1.56$). Obviously, the parents of the youngest children are the most emotional in their relationship with them. Parents of 7-8-year-olds demonstrate the strongest symbiosis ($M=11.42$; $SD=2.17$), authoritarianism ($M=11.21$; $SD=2.58$), cooperation ($M=12.96$; $SD=1.75$), emotional distancing ($M=7.13$; $SD=2.09$) and overprotection ($M=11.81$; $SD=2.71$). These parents are focused on their children's schoolwork and emotional contact remains in the background. Parents of 9-10-year-olds declared the lowest acceptance ($M=14.42$; $SD=1.89$),

application of punishments ($M=7.37$; $SD=1.72$) and empathy ($M=13.63$; $SD=1.91$). They show symbiosis ($M=11.40$; $SD=2.13$), emotional distancing ($M=7.07$; $SD=1.90$) and rigidity ($M=8.84$; $SD=1.47$) as much as the parents of 7 -8-year-olds and emotionality ($M=8.71$; $SD=3.08$) and frustration ($M=12.34$; $SD=2.17$) as 5-6-year-olds. We assume that the parents of 9-10-year-olds take into account the increased autonomy of their children, their growth, but at the same time they do not adapt their parental attitude to the grown-up child and his needs.

From the analysis of the results on the influence of demographic characteristics on parental resilience, parental efficacy, parental stress and parenting style, we can accept **Hypothesis 1** as partially proven, since *not all demographic characteristics proved statistically significant differences on the variables*.

10. Influence of parental efficacy on parental stress and parenting style

The relationship between parental efficacy and parenting style is statistically insignificant, i.e. parenting efficacy has no direct effect on parenting style. At the same time, however, the relationship between parenting efficacy and parenting stress is significant, and the data from the analysis show that when parenting efficacy increases, parenting stress decreases. From the theoretical overview, we know that parental efficacy is parents' belief in their ability to effectively manage the multiple and changing tasks and situations of parenting. We also know that most parents create their own style from a combination of factors, and that combination can change over time as a child's own personality develops and moves through the stages of life. Parents form their behavior style according to their own temperament as well as their children's, and are also largely influenced by their own parenting model, culture and environment. We also know that increased parenting stress is associated with dysfunctional parenting styles. From the mediation analysis, we saw that the level of parental stress affects the relationship parental efficacy - parenting style, changing it in a positive direction or higher parental efficacy will lead to a positive change in parenting style, controlling for the level of stress. From this we can conclude that parents with higher efficacy (correspondingly with lower parenting stress) have more self-confidence to achieve effective parenting skills and are likely to have more success with positive parenting. Based on this analysis, we accept **Hypothesis 4**, namely that *parental efficacy influences parenting style indirectly through parental stress*, as partially proven.

11. Impact of resilience on parenting stress and parenting style

The relationship between resilience and parenting style is statistically insignificant, i.e. resilience does not directly affect parenting style. When including the mediator parenting stress, however, it was observed that the mediator (parenting stress) produced a direct effect between the independent variable (resilience) and the dependent variable (parenting style). When the resilience of the parent increases, the parental stress decreases statistically significantly and this has a positive effect on the parenting style. Resilience is defined as the process, capacity, or outcome of successful adaptation despite challenges or threatening circumstances, resulting in good outcomes in the presence of high risk. From the theoretical overview, we know that one of the determinants of parenting is the family environment. Increasing the capacity of the family environment can counteract parental stress. Therefore, parental resilience may interact with parenting style, mediated by parental stress, and influence coping with the child conditions, which in turn affects the growth and the development of the child. Based on this analysis, we accept **Hypothesis 5**, namely that *resilience influences parenting style indirectly through parental stress*, as partially proven.

Regarding the strengths and limitations of the study, it can be said that the use of online questionnaires as an effective method of conducting psychological research is increasing in recent decades. A significant advantage is the easy and quick filling in at convenient for the participants time, as well as the many possibilities that the online forms provide for limiting missing data. As for parents of children with developmental disabilities,

completing the form online at a convenient time is a significant advantage taking into account the limited free time these parents have due to the higher demands of caring for children with disabilities. Another significant advantage is the possibility to include more male parents, since in other cases fathers are more difficult to take part in this type of studies. On the other hand, although the participants were selected and invited to participate from among the users of various therapeutic services for children with developmental disorders, the online form preserves the principles of voluntariness and anonymity of research participation and largely minimizes the feeling of stigma that usually is associated with being a parent of a child with a disability or illness/condition.

The biggest limitation of the study is the inability to fully control the inclusion criteria. It is possible that one person participates in the study multiple times and also to temporarily stop the filling in case of technical difficulties. Within this study, the form was not restricted to be completed only by a specific profile, because a desired result in the study was participation of both parents of the child.

Other limitations of this study include problems with the measurement of parenting style, variability in definitions of the parenting efficacy construct, and the lack of similar studies looking for causal relationships between variables. Future research should focus on clarifying the measurement of parenting style, studying potential biases in self-reports of parenting efficacy, resilience, and parenting stress, and using experimental designs to disentangle issues of causal direction and potential transactional processes.

Despite these limitations, the contribution of the study is the inclusion of respondents from settlements from almost the entire country, the participation of parents of children with disorders of all categories, as well as the participation of fathers to a sufficient extent.

From the analysis and summary of the results of the significant differences, we can draw the following **conclusions**:

1. The factor that affects all variables (resilience, parental efficacy, parental stress and parenting style) is the presence of a child with a developmental disability in the family. Parents of children with disorders report lower levels of resilience and parenting efficacy and higher levels of parenting stress.

2. The place of residence of the parent affects only the parenting style and not on all scales. Parents who live in a small settlement show rigidity and frustration in their parental attitude towards the child.

3. The gender of the parent affects the parenting style, but there is a significant difference only for women, who demonstrate more emotionality and frustration.

4. The age of the parent affects their resilience and their parenting style. Young parents (25-35-year-olds) have the highest resilience and the lowest emotional distancing towards their children.

5. The education of the parent affects their efficacy and parenting style. Parents with higher education are more satisfied with their parental role and show more acceptance, emotionality and frustration in their attitude towards the child.

6. Parental marital status does not affect resilience, parenting efficacy, parenting stress, and parenting style, despite the differences in parent means.

7. The number of children in the family is a factor in the resilience of the parent. Parents of three or more children declare the lowest resilience. Parental efficacy was not statistically affected by the number of children, but parents of two children had the highest average and parents of three or more children have the lowest. The number of children did not make a statistical difference on parenting stress, but there were differences in the mean values. Parents of three or more children rated parental stress the highest, and parents of two children - the lowest. Statistically significant differences according to the number of children

are found for cooperation among parents of one child and application of punishment among parents of two children.

8. The gender of the child did not make a statistical difference on the resilience and efficacy of the parent, but the parents of a girl declared higher mean values. Child gender did not make a statistically significant difference on parenting stress, but parents of boys rated higher parenting stress. In the parental attitude of the parents of a girl, more acceptance, symbiosis, authoritarianism, cooperation, rigidity, frustration, empathy and overprotection were observed. Parents of boys report more punishment and emotional distancing. The differences in acceptance, application of punishments and emotional distancing are statistically significant.

9. The age of the child did not make a statistical difference in regard to parent resilience, parenting efficacy, parenting stress, and parenting style, despite observed differences in mean values.

10. Resilience affects parenting style, not directly, but through the mediator parental stress. When resilience increases, parental stress decreases and this positively affects the parental attitude towards the child and, accordingly, the applied parenting style.

11. Parental efficacy influences parenting style, not directly, but through the mediator parental stress. When parental efficacy improves, parental stress decreases and this affects parental attitudes and, in particular, the parental style.

Conclusion

The objectives of the present dissertation and the conducted empirical research were to examine the direct and indirect influences that demographic characteristics and parenting knowledge (parenting efficacy and resilience) have on parenting style by examining the mediating influence of parenting stress and to test whether this model differs between parents of children with normal developmental and parents of children with developmental disorders.

In summary, it can be said that the results of the empirical study partially confirm some of the raised hypotheses, namely that not all demographic characteristics have a differentiating significance for resilience, parental efficacy, parental stress and parenting style, and that parenting style is influenced by resilience and parenting efficacy, through the mediating influence of parenting stress. It is well established that parents of children with developmental disabilities experience higher parental stress and exhibit different parenting attitudes compared to parents of children without disabilities.

The theoretical overview of disorders in the neuropsychic development and the specifics of parents of children with disorders would be interesting for: special pedagogues, teachers in ordinary schools, resource teachers, directors of schools and of Centers for Special Educational Support, psychologists, rehabilitators, art therapists, social workers, other pedagogical and non-pedagogical specialists who have interest in the topic, parents of children with disorders and parents of children with normal development, NGOs, students and the general public. The dissertation contributes to a deeper understanding of the psychological experiences of parents of children with developmental disabilities in regard to their resilience, efficacy, stress and parenting style. The information would be useful in prevention programs and campaigns aimed at raising parents' awareness of the importance of factors or variables specific to their role as parents, such as resilience, stress and competence (efficacy) as parents, in the overall development of their child (children).

The theoretical overview is a valuable source for references in university courses, seminars, trainings related to the parent-child relationship, as well as various aspects of stressors, stress and its management.

The self-report scales adapted for the dissertation - Parental Stress Scale (PSS) and Parental Sense of Competence Scale (PSOC) can serve as a starting point in the work of

doctoral and postdoctoral students working on similar topics. They can also serve to identify parents' problem areas (e.g. low resilience, low efficacy or increased parenting stress) as a prerequisite for planning necessary training (such as resilience training, skills to increase parenting efficacy, skills training related to parenting practices and to address identified problem areas).

The data obtained from the present study can serve as a basis for the development of strategic documents (strategies, plans, guidelines) related to social work and psychological support measures for parents raising children with disabilities; with the problems faced by parents and for the development of parental capacity; with psychological counseling of parents.

Psychological support to the parents of children with developmental disorders is necessary during all stages - from the initial doubts for a developmental disorder of their child, upon the establishment of this disorder and on the way to the gradual acceptance of the condition and life planning of the family with this diagnosis.

For a large part of the disorders in child development, their early detection is associated with better opportunities for compensating the disorders and more complete development of the child, which indirectly affects the well-being and quality of life of the parents. Often, however, the parents' strong negative emotional experiences associated with accepting the reality of their child's developmental disorder serve as a barrier to adequately perceiving information about the condition of the child and taking measures in a timely manner.

There is increasing recognition and concern that parenting support strategies are the most effective way to improve children's health, well-being and development and that the adverse effects of dysfunctional parenting is a risk factor for the development of a range of health problems both in childhood and adolescence, as well as in adulthood.

DISSERTATION CONTRIBUTIONS REFERENCE

1. A theoretical overview of the approaches that have studied the development of parents and the development of the child was made, and the specifics of parents of children with developmental disorders were brought out, which can serve as a valuable source for references in university courses, seminars, trainings related to the parent-child relationship.

2. Definitions of the working constructs (parenting stress, parenting efficacy, resilience, and parenting style) are brought out and their relevance to parenting is discussed. At the center of the raised conceptual model is parental stress as a relatively new concept, but very relevant at the present moment, and its connections with parenting style and predictors - parental efficacy and resilience – are being sought.

3. Empirically established differences of parental stress and parenting style in parents of children with developmental disorders and parents of normal children can serve as a basis for developing strategic documents (strategies, plans, instructions) related to social work and psychological measures to support parents raising children with disabilities; related to psychological counseling of parents and programs and discussions for the development of parental capacity.

4. The results of the realized empirical study enrich the available research achievements, revealing mediating relationships between parental efficacy and resilience and parenting style, through parental stress. These interaction patterns provide new insight into the studied phenomena.

5. A Bulgarian version of an instrument for measuring parental stress (Parental Stress Scale; Berry, J. O., & Jones, W. H. 1995) was validated and adapted. The psychometric properties of the instrument are very good, which makes it applicable for research practice in our country, as well as for practical work with parents and families in identifying and managing parental stress.

6. A Bulgarian version of an instrument for measuring parental efficiency (Parenting Sense of Competence Scale; Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989) was validated and adapted. The psychometric properties are very high and make it possible to use the tool in future studies, as well as in the development of programs for parents of children with disorders, for effective parenting and for the prevention of parental stress.

List of publications related to the topic of the dissertation

1. **Boykinova, I.**, Study of parenting styles for children with and without developmental disabilities /6-14 AAR/, Yearbook BFU, XVIII Student Research Conference Proceedings, Burgas, 2017, ISSN: 1311-221-X
2. **Boykinova, I.**, Parental self-efficacy and parenting stress – relationship and influence, Yearbook BFU, XX Student Research Conference Proceedings, Burgas, 2019, ISSN: 1311-221X
3. **Boykinova, I.**, Initial adaptation of the PSS (Parental Stress Scale, Berry&Jones), Yearbook BFU, том XL, 2019, ISSN: 1311-221X
4. **Boykinova, I.**, Psychometric characteristics of the Parenting sense of competence scale, Yearbook BFU, XXI Student Research Conference Proceedings, Burgas, 2020, ISSN: 1311-221-X
5. **Boykinova, I.**, Research on parental stress and parenting style in parents of children with normal development and parents of children with developmental disabilities (5-10 years), Yearbook BFU, XXII Anniversary Student Research Conference Proceedings, Burgas, 2021, ISSN: 1311-221-X
6. **Boykinova, I.**, Parental stress and parenting style in families of children with developmental disabilities, Collection of Psychological Projections, ed. Baltic -2002, Burgas, 2021, ISBN 978-619-7353-39-6